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ARTICLE I

Purulent Ophthalmia. By Dr. E. G. Meek, late of Choctaw Agency, west of Arkansas.

It is needless to go into any statistical or historical notice of this pestilent malady. A disease so rapid in its progress and destructive in its consequences, has, doubtless, been a matter of careful study with every intelligent member of the profession. The writer proposes to give such facts as came under his notice, and his deductions therefrom, during a visitation of this terrible scourge, in the winter of 1847–8. The weather, during the winter, was unusually mild and temperate; so much so that vegetation had made some progress as early as the 1st of February. The first case of ophthalmia in the neighborhood occurred about the middle of January, and the epidemic was at its highest on the 1st of March, from which time it began to decline, ceasing almost entirely, the 1st of April. The great majority of the cases were Indians. From a record of more than sixty cases, the following are presented, with the hope that they may prove interesting to the older practitioner, and instructive to those who, like the writer, have been but recently freed from their professional leading strings:

A stout lad was attacked with inflammation of the con-

junctiva, a sense of heat and smarting in the eyelid, and a deep-seated pain in the orbit. On the following morning I was summoned to see him, and found the lids and integuments so much swollen as to render it difficult to obtain a view of the eye-ball; the lids were glued together, except at the inner angle, from which pus was discharged. He persisted in attributing his disease to having gotten sand in his eyes, and insisted that if this were removed he should be well. He was bled freely from the arm, his eyes cleansed with tepid water, and a solution of the nitrate of silver, of the strength of four grains to the ounce of water, was left, with directions that the eye should be washed with it once every three hours. On the following day, the severity of the symptoms was but slightly abated, and recourse was had to a second venesection; the solution being continued as before. On the third day, blisters were applied to the temples, and the patient gradually recovered, but so slowly that I had reason to be dissatisfied with the practice resorted to in his case, and resolved to alter it should opportunity occur. During his convalescence, two other lads were attacked in a similar manner; one of them in both eyes; the other in one only; both of them were bled to the verge of syncope, with immediate relief to their eyes; the strength of the caustic solution was increased to six grains, and the patients were briskly purged with calomel and sulphate of magnesia. On the subsequent day, the severity of the symptoms was materially lessened; the venesection was not repeated; the calomel was omitted; the solution was continued as before, and the sulphate of magnesia administered at bed-time. These boys recovered more rapidly than the last mentioned, although their attack was regarded as equally violent.

The following case is detailed as presenting more points of interest than either of the foregoing. Mrs. H., an old half-breed lady, and exceedingly corpulent, had previously had an attack of ophthalmia, which resulted in total disorganization and destruction of the right eye; she having failed to apply in time for relief. On the present occasion she became alarmed, and applied for relief in good season. I found her with the integuments much swollen, palpebral conjunc-

tiva intensely inflamed, and the sclerotica a complete net-work of injected capillaries; pus was profusely discharged; there was deep-seated pain in the orbit, and a distressing throbbing of the temple; there was but little fever or constitutional disturbance of any kind. It may be well to remark, that the appendages of the disorganized eye were not affected. Now, here was a violent case, demanding prompt and efficacious treatment, while a want of success would leave the unfortunate patient in total darkness. To put a lancet into her arm with the view of drawing blood, was going on a very uncertain voyage of discovery; for, where there was not the least trace of a vein to be seen—as was the case in her gigantic arm—venesection was an operation to be performed —with reverence be it spoken—by faith and not by sight. In this dilemma her temple was scarified, but from some cause it did not bleed freely, and two cups were applied to the back of her neck, from which nearly a quart of blood was rapidly abstracted with a remarkable relief to the patient, the pain in the eyeball being mitigated, and the engorged capillaries relieved of a great part of their contents. With some hesitation I then prepared a solution of the *argent. nitras*, of twenty grains to the ounce, and dropped a few drops in at the internal angle of the eye. The effect was to change the color of the lining membrane from vivid red to white; and that without causing any great pain to the patient, who described her sensation by remarking that her eye felt as though it had been eating green persimmons. On the following morning the solution was repeated, causing a much greater degree of pain; the eye having become sensitive, and having undergone a remarkable change for the better. On the following day the improvement still went on rapidly; the strength of the solution was reduced to ten grains, and I ceased my attendance; the subsequent recovery was prompt and complete. The satisfactory result in this case led me to the total abandonment of general remedies to combat a local disease, and, in subsequent cases, induced me to rely wholly on the scarificator and nitrate of silver, to the exclusion of the lancet, blisters, and even purgatives, except so far as to maintain a soluble condition of the bowels.

In the following case the principal point of interest is the effusion of lymph into the anterior chamber of the eye, constituting what are usually denominated nebulæ in the cornea. The subject was a gentleman who was laboring under a severe attack characterized by the symptoms before enumerated, with the addition of three nebulæ in one eye, and two in the other. He was seen early; was at once freely cupped on the nape of the neck, and put on the use of the caustic solution of the strength of fifteen grains to the ounce. In two days the effused lymph was absorbed, and the cornea perfectly clear, without further medication. In his case, as in the last, the recovery was rapid and perfect. Several cases exhibited a greater or less degree of effusion into the anterior chamber; but under prompt treatment they proved quite as manageable as those which ran the ordinary course.

One more example is presented as possessing a painful degree of interest, from the suffering occasioned to the patient, and the melancholy termination of the disease. Dr. J. P. H., a member of the Royal College of Surgeons, for many years in the service of the Hudson Bay Company in his professional capacity, came to spend the winter in our pleasant latitude, and after some weeks spent at the place of my residence, took quarters at the distance of five miles, where he was attacked in the left eye, by the prevailing epidemic. He did not seek aid, and it was some days before I knew of his situation, when, waiving all ceremony, I went at once to see him. He removed from his lodgings back to our station; but it was unfortunately too late. He was cupped to the amount of a quart, and a pencil of caustic was applied to the inflamed surface of the eyelids, in addition to the use of the solution. This produced temporary relief, but in three days the symptoms returned, accompanied with an exquisite tenderness of the scalp on the left side of his head. He was again cupped, the caustic solution continued, and took thrice in the day the following mixture:

℞.—Liq. Potass. Arsen., gtt. xv.;
Tinct. Opii, gtt. lx.

Under this treatment the disease was again mitigated; but a worse symptom now appeared; the cornea commenced to ulcerate, and, during a night, passed by the unfortunate gentleman in great agony, burst; the discharge of the aqueous humor being succeeded by an interval of ease. Suppuration then set up in the interior structures of the eye; the vitreous humor and lens were, in this way, discharged, and the coats of the eye collapsed, completing the ruin of the unfortunate organ. But all was not yet over. The inflammation of the lids still went on, with deep-seated pain referred to the collapsed eye—distressing throbbing of the temple, and tenderness of the scalp. He was again largely bled—the arsenical solution was continued—blisters were kept open in the temple and nape of the neck, and the antiphlogistic regimen strictly observed. I suggested a trial of the influence of mercury; but this was declined. He improved somewhat, but still suffers great inconvenience, from which it will probably be long before he recovers; for, so far as my observation goes (and I have seen several instances), this disease, in a chronic form, is peculiarly intractable; and should the delicate structures eventually escape destruction, it will be at the expense of protracted suffering, and permanent inconvenience to the eyelids.

Many more cases illustrative of this malady might be given, but it is hoped the foregoing may be sufficient to give a correct idea of the diagnosis, prognosis, and treatment; and it is now proposed to devote a small space to the *ratio medendi* of the course of treatment pursued in these cases. In the first place, as to the abstraction of blood. This disease is generally local, and it is believed that topical remedies are not only adequate to the emergency, but preferable to general measures, which produce inconvenience without corresponding benefit. The scarificator is, therefore, preferable to the lancet; because, in this way, blood is drawn away from the diseased organ more directly. It is true, blood may be taken from the jugular vein or temporal arteries, close to the seat of the disease; but these operations are attended with a degree of risk, which the inexperienced practitioner dislikes to assume; whereas the scarificator is, *at least*, innocuous in

the hands of the veriest bungler; moreover, by dexterous management, enough blood can be taken in this way to produce the effect of a general bleeding. For the operation of cupping, the nape of the neck possesses advantages over the temple; but this is a matter of small importance.

The nitrate of silver combines two properties which render it the great remedy in ophthalmia: it is both stimulant and astringent. Modern researches into the pathology of inflammation, appear to demonstrate, that the capillaries of the inflamed organ become distended with blood, and that the distension destroys the tone of the vessels. Abstraction of blood empties them, and the nitrate of silver tends, by its twofold action, to restore their elasticity, and diminish their caliber; and the action of this remedy is a strong proof of the soundness of the prevailing theory of inflammation.

It is believed that active purgatives are unnecessary, and, therefore improper. Emetics are thought to be injurious, from their effect on the cerebral circulation. The only local application (except the caustic) should be either cold or tepid water. Poultices of all kinds are inadmissible, as keeping the eye hot, and preventing a free discharge of secreted matter. The same remark will apply to shades and bandages for excluding the light and air. Air is not injurious; and the only proper mode of excluding the light, is to darken the chamber; care being taken to increase the amount of light as fast as the eye can comfortably sustain it, lest the organ by being long darkened should become inconveniently delicate, and be thereby liable to relapse after the patient goes abroad. During the acute stage of the disease, blisters are of no service; but are no doubt valuable when the disease becomes chronic, and to derive advantage from them, they should be kept open for a length of time.

In seeking for the origin and causes of ophthalmia, authors seem to agree that it came originally from Egypt, and that the dazzling light of the sun reflected from the sandy deserts of that country, have a very deleterious influence on the eyes. One author notices an opinion current in Egypt, that the moon's rays are quite as injurious as those from the sun. It is further supposed that this is a disease of warm climates,

and this supposition finds support in the fact that destructive diseases of the eye, are less common in these latitudes where the ground is covered for a great part of the year with snow; although this would seem to afford a surface of quite as great a reflective power as the deserts of lower latitudes. With us, the great prairies offer a substitute for the sand plains; and when we add that, during the most intense heat of summer, the Indian traverses these great wastes with the head bare, or enveloped in a huge woolen shawl, we have a temperature sufficiently high for anything.

Medical writers have occasionally indulged in speculations upon the color of the eyes that are most obnoxious to this disease, and have come to the conclusion that dark eyes are most frequently attacked; but this will seem a lame conclusion, when we reflect that the inhabitants of ophthalmic countries are very generally dark-eyed, and that it is difficult for any one but a lawyer to make a distinction where there is no difference. I will here, however, state a fact with reference to the color of the eyes, which may interest those curious in such matters. In a family of my acquintance there are seven children, four of whom have black eyes, and the remainder blue; the latter are short sighted, while the others exhibit no such defect.

It is a question whether or not ophthalmia be contagious. My own experience has left me but little doubt on this subject. It appears to me that there is as strong proof of the contagiousness of this disease as there is of the infectious character of small pox. A number of my patients were pupils in a public school, and the progress of the disease could be traced from chamber to chamber, and from one bed to another, and supervened promptly on the accidental application of the matters from a diseased eye. This will suggest the proper precaution to be adopted, and even should the practitioner be a non-contagionist, due precaution will be an error on the safe side.

ARTICLE III.

Medical Literature. By G. N. Fitch, M.D., Professor of the Principles and Practice of Medicine in Rush Medical College.

Amid the much good and valuable daily accruing from the almost universal disposition on the part of our profession to record the results of their observation and experience, not a little of decided evil tendency is found. All the numerous volumes, essays, and monographs annually issued from the medical press have their readers; all exercise some influence for good or evil over at least a portion of those readers. There are said to be more "false facts than false theories" in medicine, and the publication of either adds nothing to our practical knowledge — to that knowledge which we may render useful at the bed-side — but greatly retards its acquisition. They put us, like a false finger board at a cross road, upon the wrong track, and it may be only after long and vainly groping our way in error that it is discovered. Young practitioners are particularly liable to be thus misled. The consequence to them may be but a loss of time and professional reputation; a loss from which future care and watchfulness may enable them to recover. But how with their patients? The detection of the error has been at their expense — an expense of health, mayhap life! One writer relates false facts, and proceeds to base a particular hypothesis upon them which would be legitimately deducible, *if the asserted facts were really such;* but which, in the absence of true principles to sustain it, cannot lead to other than erroneous, probably mischievous practice. Another relates facts in themselves true, but which form exceptions to the ordinary pathology or symptoms of the particular disease. He proceeds to build upon them his hypothetical superstructure, and lay down his rules of treatment — treatment which may be found applicable to, and beneficial in, the tenth or exceptional case, but inert or fatally active in the nine, or numerous cases forming the rule. Another, first perfects his theory and then casts about for props upon which to lean it — for facts to uphold

it. He may, like the one above, find these in exceptional cases, or he may, by ingenious sophistry, torture others to his support. Another advocates, by *post hoc propter hoc* reasoning, a routine practice into which himself has fallen in a particular disease. The disease may be one, the tendency of which is to spontaneous termination in health under any treatment short of that which would be in itself destructive; this termination, however, is liable to be hastened by appropriate treatment, or delayed from its want. If the practice recommended is inert, it will be fortunate for such subjects of the disease as fall to the charge of those adopting it. To such invalids the question is one, not of life or death, or even of present safety, with impaired health, but of time and present suffering only. But this "routine practice" may, and too often does, consist of treatment in all cases of a disease and in all its stages, under which, and mayhap in spite of which, a few have recovered, but which is "destructive" of life or health to most. If such practice is ingeniously urged, and cases cited to sustain it, while its mischievous effects are not observed or not related, it can scarcely fail to be adopted to a considerable extent.

Yet all these writers claim and expect that to which, as writers and authors, as those to whom young physicians look for correct information and correct views, they are presupposed to be entitled, viz: credence for their statements, applause for their theories, and confidence in the remedial means to which those theories point. And rarely are they entirely disappointed. As before said, they all have their readers, and some portion of those readers is influenced by them. Still farther to strengthen this influence, reviewers, who should be sentinels at the doors of the temple of medical science, to prevent the ingress of aught which could mislead its votaries, of aught wrong in fact or in inference, only more extensively disseminate every medical vagary, either with sweeping commendation, or with a charity here altogether misplaced, treat them as they would the character of a deceased, dwell strongly upon the good, and avoid any mention of the evil. The remedy is easy. I grant the reviewer should notice any and every medical theory, but he should notice them in all their

relations of cause and effect. By so doing he retails erroneous ones, it is true, to many who might not otherwise see them, but he retails them as the apothecary does poison, with a label attached that all can read and be warned by, not as the empiric does his nostrum, with words of praise, leaving dear bought experience to detect their fatal tendency.

ARTICLE III.

Old Dislocation of the Humerus. By H. S. Huber, M.D., of Chicago.

Edward Quin, æt. 40, laborer, and a remarkably heavy built and muscular man, applied to me on the 1st of May, to relieve a pain in his left shoulder, which had been dislocated on the 29th of March, 33 days previously, by falling into the Canal, out of which he was wheeling a barrow of earth. He fell about five feet, striking his left shoulder against a large stone in the bottom of the excavation. A person who practised irregularly in the neighborhood attempted to reduce it, and told the patient it was all right.

I found the dislocation to be downwards and forwards, the head of the bone being under the edge of the great pectoral muscle. In consequence of the date of the injury, I omitted any endeavor to relax his system by the usual means, and attempted at once to replace it by means of the heel in the axilla.

The patient was extended on a bench, and the extending bandage applied above the elbow, to which I attached a folded sheet, crossed over my right shoulder; and with two men to assist the extension, it was kept up for about twenty minutes, without any perceptible good effect.

Dr. Bird was requested to give his assistance. A slit was cut in the centre of the folded sheet, just large enough to receive the injured shoulder, which was passed through it, so

as to fix the scapula. This was attached to a hook secured into a door post; and to the extending bandage applied as before, we affixed a rope. Dr. Quinlan was desired to administer chloroform for the purpose of relieving the patient's suffering, whilst three men steadily exerted their strength in extending; the fore arm being flexed and used as a lever to rotate the head of the humerus, which we succeeded in drawing out a little. Upon adding a fourth man to the extending force, the loops which attached the arm to the rope, broke, after the extension had been applied about twenty minutes. The chloroform seemed to have the effect of partially relieving the pain, but otherwise it embarrassed the operation—exhilerating the patient, and causing him to endeavor to escape from the chair in which he was seated.

In order to keep up a regular and gradually increasing force, we now used the "twisted rope," which was a stout rope doubled, and attached to another hook in the opposite wall. Between its proximal end and the elbow, a swivel was interposed, the counter-extending apparatus was adjusted as before, the whole being drawn as tight as possible, and secured. A stick was inserted between the double rope, near the swivel, by which the rope was twisted, and gradully shortened; and after keeping up as great a degree of extension as the patient seemed able to bear for about a half an hour, with rotation of the humerus, &c., we sent for Dr. Brainard. Dr. B. thought there was as much strain as was prudent, and as so much extension had been employed, he thought he might reduce it by his heel in the axilla. Accordingly the apparatus was removed after having been used about an hour.

Dr. Brainard proceeded in the same manner described in my first attempt, his patient being on the floor, and having the arm at the same time freely rotated. During the extension the patient was bled to the amount of about xxx ℥, before he seemed to feel its effects; and although the head of the bone was somewhat more removed from its mal-position, it could not yet be replaced. This occupied about an hour.

It was determined to again employ the twisted rope. Dr. Maxwell was invited to witness the operation and agreed as

to its propriety. The apparatus was arranged as in the first effort with this power, with the exception of the counter-extending bandage, which was passed altogether under the left arm, with a bandage attached to it, that crossed the top of the injured shoulder, and pressed against the acromion, which had the effect of better supporting the superior portion of the scapula.

Whilst the extension was in progress, ether was administered, but after a prolonged inhalation, it was found that he was but very slightly affected, and it did not seem to destroy his conciousness of pain. After about an hour, the arm being in the mean time freely rotated, the head of the humerous was found to have approached very nearly its normal position. A strong bandage was passed under the axilla, and over Dr. Brainard's shoulder, by which he endeavored to raise the head of the bone into the glenoid cavity; at the same time, Dr. Bird suddenly cut the connection between the extending rope and the elbow, whilst I forcibly drew the arm down against the anterior part of the patient's side, and the dislocation was found to be reduced.

This case illustrates the fact that great force may be applied if it is done steadily and gradually, the scapula being at the same time well fixed, without danger to the axillary artery. It is doubtless the tension that it is sometimes subjected to, by the scapula being drawn away from the thorax, that endangers its rupture.

I have referred so particularly to the "twisted rope," as it is a valuable substitute for the pulleys, which are not always at hand, especially in the country. The rope and its application are described and figured in the second edition of Fergusson's Surgery, except the swivel, which I found indispensable.

ARTICLE IV.

A Case of Purpurea Hemorrhagia. By W. WADSWORTH, M.D., of Racine, Wisconsin.

I was called, on the 28th of November, 1847, to see a little girl of Dr. J. Shepard, aged eight years, of a delicate nervous constitution. She had suffered, a few months since, an attack of remittent fever, from which she had fully recovered and enjoyed pretty good health. Three days before, she was taken with pain and swelling of the right ancle, extending up the gastrocnemius muscle, with slight febrile disturbance, for which a dose of calomel and rhei was given, and a blister applied to the ancle. The next day the other extremity was attacked in like manner, with chills, sickness of stomach and vomiting, and a depressed state of the general system. There was now, also, observed little spots of a vivid red color, scattered about, upon both legs; the right wrist had, during the night, become swelled and painful. Quinine, Dover, and hyd. cum creta, had been given every few hours. At this time the pulse was frequent and feeble, the breath fetid, murcurial odor evident, the spots on the skin enlarging, some had attained the size of a shilling, others that of a dollar, of a bright red color, which could not be affected in the least, by pressure. It appeared to be a case of acute Rheumatism complicated by Purpurea Hemorrhagia. Continued the Dover with decoction of bark and sulphuric acid, every three hours.

November 29th.—The rheumatic affection had materially improved, swelling and tenderness nearly gone. There was slight fever, pulse frequent and feeble. The bowels had moved some five or six times, with occasional vomiting during the night. Laudanum, with a few grains of acetate lead, had been given. There was much complaint of the mouth, the cheeks becoming swollen. In the after part of the day, blood was discharged from the bowels, amounting to several spoonfuls In consultation, it was determined to make trial of the oil of turpentine—3ss, with as much castor oil, was given. It was immediately rejected. A little time after, a desert

spoonful of the turpentine, in peppermint water, was given and retained, and four hours after, a smaller dose repeated.

November 30*th.*—The bowels have moved several times during the night, nearly half pint of blood in the discharges, great prostration mark the general symptoms. The purpurea on the extremities declining, large patches nearly gone, leaving a yellowish brown shade where they existed. The turpentine was continued in smaller doses, with bark and wine, and sulphuric acid.

December 1*st.*—The bowels loose, but a little blood in the discharges, the mercurial action on the mouth very severe, the cheeks greatly swollen, the sputa streaked with blood, astringent gurgles freely used, and Dover and camphor, bark and wine continued.

December 2*d.*—Hemorrhage increasing from the mouth, with extreme fetor of the breath. The chloride of soda used as a gurgle, and some ulcerated points in the mouth cauterised with the nitrate of silver, during the night. Gave the acetate of lead and opium, every four hours—the general treatment the same.

December 3*d.*—The hemorrhage still continuing from the mouth, the turpentine was again resumed in free and purgative doses, with marked effect over this troublesome symptom; the strength endeavored to be sustained by strong beef tea, wine, quinine, and bark.

December 4*th.*—Purpurea spots have showed themselves upon the eye-lids, arms, and ears, some of a red, others of a purple hue, no hemorrhage from the mouth or bowels, no fever, nor has there been for several days. A dose of turpentine and castor oil, to be given during the night—the nitrate of silver, one-half grain, every four hours, and the general treatment the same.

December 12*th.*—Since our last report, the patient has been steadily improving. The purpurea spots, except a few about the elbow, have disappeared; no hemorrhage has been present. The nitrate of silver was continued but a short time. The oil of turpentine occasionally given, and a steady perseverance in the bark and wine. Her convalescence is complete. In reviewing this interesting case, it is a matter

of regret, that mercury, in the early stage and before purpurea was fully established, had been given. The severe constitutional irritation consequent upon it, as well as the hemorrhage from the mouth, which followed, was calculated greatly to embarrass, and caused for a time a fearful gloom to rest upon the prognosis. The turpentine had *a marked and beneficial effect upon the disease*, as seen in the rapid disappearance of the spots on the skin and afterwards, the hemorrhage from the mouth, which for more than twelve hours, resisted large doses of the acetate of lead, was speedily controlled by it. I have seen but little of this disease, two cases only before, both of which were fatal. In neither, was the turpentine used. Dr. Neligan's * report of four cases successfully treated by it, induced me to give it a trial, and the result has been satisfactory. In what manner it operates, whether specifically on the blood itself or in giving tone to the solids, and especially the capillary vessels, I am unable at present to determine. But that it will be found a remedy of great value in this dangerous and often fatal disease, I cannot entertain a doubt.

Death following Vaccination. By Dr. P. Gregg, of Rock Island, Illinois.

ARTICLE V.

Thursday, April 13th.—Was called to see —— Cheshire, æt. 17 or 18. Found him in the following state: Intense Erysipelatous inflammation occupying one arm from one or two inches below the elbow to axilla, a gangrenous patch two inches square, (the centre of which, was the vaccine puncture,) midway the arm on outer side, and one twice that size, on the under side. Pulse 110 to 120—little resistance on pressure. Tongue moist, slightly furred, and of a blueish

* Braitwaite's Retrospect, No. 12, p. 133.

shade; delirious, manner hurried, collapsed expression of countenance, picking at the bed clothes, everything indicating rapid sinking of the vital powers. Advised yeast and charcoal poultice, wet with solution of sulph. ferri. Port wine or porter, nitric acid, &c.; 2 P. M., omnia in pejora ruunt; died during the night.

This boy had been vaccinnated on Friday, previous to my seeing him; and, on inquiry, I found that several others had been vaccinnated at the same time, with the same lancet and matter, and in no instance, except this, did any bad consequence follow. Being at a loss to account for the case as it stood, I sent for my partner, Dr. Brackett, who immediately pronounced it a case of the Indiana Epidemic Erysipelas, latent until developed by the vaccine irritation. The family had moved from Kentucky, came through Indiana, staying a few days at Vincennes, where the disease prevailed to some extent; an aunt came to see them, having her head tied up, she was then convalescing from an attack of Erysipelas. A month had elapsed from the time of the boy's exposure to the time of vaccination. Dr. B., who had seen much of the disease in Indiana, deemed this explanation satisfactory as to the origin and cause of the attack.

ARTICLE VI.

Treatment of Hydrocele—a paper read before the Indianapolis Medical Society. By L. Dunlap, M.D.

Mr. President:—I propose, this evening, to make a few remarks upon the radical cure of hydrocele of the tunica vaginalis. It is not my purpose to advance any new theory or doctrine, but to improve upon the many modes of operating and dressing, that have been adopted by eminent Surgeons, for ages past, and to point out some peculiarities, which I have found advantagious and successful.

I will, in the first place, call to mind, two of the most prominent modes of treatment and my objections to them. We are well aware that every variety of treatment has occasionally failed, in the most experienced hands; but it is not surprising, when we take into consideration, the infinite variety of conditions, which the structures of the human body may assume.

The tunica vaginalis, being a process of the peritoneum which invests the testicle, in a natural state secretes a fluid, which lubricates the surface of the organ; but in a morbid condition of the vessels, either the secretory or absorbent, (the latter case being exceedingly rare,) an accumulation of fluid, is the consequence. Dropsical swellings are generally the result of an increased secretion from the arteries; and in some instances, the services of a physician are only necessary; but in a great majority of cases, we are compelled to resort to other means, and call in the aid of a surgeon. I will here observe, that what I am about to say, is in relation to the treatment of adults. For the hydrocele of children, I have, in every instance, been pleased to see recover by the use of a little alterative medicine, and by time.

We are told, that merely drawing off the water from the tumor, will not produce a cure, for it will readily accumulate again. This is true, as a general rule; although, in some instances, a cure has been effected in this way; but it is of rare occurrence.

It seems to be the general impression, that it is necessary, in effecting a radical cure, that the obliteration of the cavity be effected. This, I believe to be the fact, in most cases; yet there may be a condition that will produce the desired effect, without resorting to this ultimatum.

A distinguished surgeon has said that inflammation induces a suppression of the action of the secretory vessels, which pour out the fluid, even when the degree of inflammation is insufficient to produce adhesions and consequent obliteration of the cavity.

It is easy to discover that the real legitimate mode or indication of treatment is to place the diseased vessels in their

healthy condition; but so intricate is our organization, its peculiar surfaces, and ten thousand impressions from the nervous system, that it is an impossibility to indicate the constitutional treatment, or the real amount of inflammation necessary to produce the desired results.

The operations which have been resorted to are by seton, caustic, injection, and incision. I shall pass by the two first, as they are nearly obsolete, and dwell only on the two last, injection and incision. The first is said to excite inflammation, and the latter to fill the cavity with granulations.

We will examine the operation by injection, which is of so dubious a character as always to entertain doubts of success. I will give the words of a celebrated surgeon in France: "The spirit of wine was used, which produced a cure, but the inflamation was so violent that he afterwards tried a milder injection, which consisted of wine." Lambert published at Marseilles, early in the seventeenth century, advising injections of corrosive sublimate in lime water, and he has related cases of success. Mr. Sharpe also made trial of spirits of wine, which cured the hydrocele, but not without causing dangerous symptoms, and subsequent abscesses in the scrotum. Zinc and iodine have been used with about the same results.

Now, from the admission of these celebrated surgeons, the operation by injection is very uncertain, for at times the injection may be too strong, so as to endanger the life and happiness of the patient; and at others too weak, so that it will be necessary to repeat the operation, which is a tedious delay, to say the least of it. From the peculiarities in constitution, it is impossible to precisely fit the injection to suit the case; and no human foresight can form a scale for them.

The other mode is by incision. Sir Astley Cooper describes the operation thus:

"This is done by beginning an incision at the upper part of the swelling, and extending it two thirds downwards; for if it be made to the lower part of the tunica vaginalis, it leaves the testis too much exposed; and produces excessive inflammation in it. The water being evacuated, and the state of the testis learned, as well as if there be any disease con-

nected with it (as cysts on the testis), a little common flour is sprinkled in, and thus the surface is forced to granulate; and any return of the disease is sure to be prevented. Very seldom is such an operation required, and it ought not to be resorted to but in cases of great doubt with respect to the disease, as it is one of great severity. After this operation, a poultice only should be applied; and the cure is effected by suppuration and granultation."

Sir Astley Cooper is very high authority indeed, yet we think that no human is infallible; and, as inexperienced as we are, we claim views of our own on all subjects that may enlist our attention. We will describe the mode of operating and dressing, which we think is entitled to some consideration.

The first thing to be considered is, to put your patient's system in a healthy condition with Abernethian care; when this is accomplished, you may proceed to the operation, which is as follows: Commence the incision at the superior part of the tumor, making it through the integuments to the most dependent part—then the inferior portion of the tumor is punctured with a thumb lancet; and a director immediately introduced to guide a bistoury, which is carried up to the superior part of the tumor. The body of the testicle is now examined, and if cysts are found on its surface, clip them with the scissors, and the operation is completed. All that remains is the dressing.

We take a narrow piece of white lute string ribbon, and introduce it on the point of a probe, extending it under the tunica vaginalis, superiorly as far as the probe will extend, then crowding a portion of the tent on each side of the testis, and cover the part with lint—apply a compass and the suspensory bandage, and send the patient to bed. Let the tent remain till it produces considerable pain and complaint from the patient, which will be in from six to eighteen hours—then take hold of the end of the tent, which is left without the wound, and draw it out, which is done without the least difficulty, and continue the lint and the bandage until the patient is well.

Now the advantages in this mode of operating you will readily perceive. The incision is free and will not allow any

fluid, be it blood or serum, to accumulate at the bottom of the scrotum, which might, in such an event, be very troublesome. The cysts, if there should be any, can be seen and clipped with the scissors, which destroys them effectually; and the tent of lute string ribbon, has an advantage over all tents that I have ever used; as you can send it to any place on the end of your probe, with unerring certainty, and withdraw with the utmost facility. This species of tent, is a decided improvement, and we would recommend the faculty to test its value by use. Another advantage is, we can regulate the quantum of inflammation necessary, by the irritation it produces, and withdraw it at any moment; but if we use flour, and do not carry the incision to the most dependent part, we will have much difficulty in getting rid of it when we wish.

The danger of inflammation that Sir Astley Cooper is so fearful of, in consequence of a free incision, need not be apprehended in this climate, and particularly so, if due care is taken to have the system well prepared for the operation. Inflammation, no doubt, might be dreaded in England; but I consider that it is much modified in its violence, in all countries abounding in malaria.

Should it so happen that you have too great an amount of inflammation, you can subdue it by the timely use of emetics, by the administration of one or two per day, as the urgency of the case may seem to demand.

ARTICLE VI.

Case of Abnormal Position of the Intestines in the opposite side of the Body. By Dr. Wolshofer, of Heubach. Translated from the German by Daniel Stahl, M.D., of Quincy, Ill.

Prof. Herrick — Dear Sir:

The last No. of the "Illinois and Indiana Medical and Surgical Journal" contains an account of "*The case of Mr. Whitman*," showing a congenital transposition of the organs of the thorax and abdomen, those in the normal condition

situated in the left side, were in the right, and *vice versa*. This case is certainly highly interesting, the more so as the individual thus organized lived to the age of manhood, and might probably have lived to old age, if life had not been cut short by pleurisa. I saw, yesterday, a schoolmate of the late Mr. Whitman, who told me that he well remembered the "peculiar cough" spoken of in the Journal, even during his minority. This case, although rare, is not unique; and an accumulation of similar cases might probably give some future pathological philosopher data from which to deduce a principle, or to be in some other way, if not useful, at least interesting. Knowing the lively interest you take in any thing rare or useful in our profession, I need not apologise for troubling you with the subjoined translation from the German of a somewhat similar case to that of Mr. Whitman, related in the "Wurtemburger Correspondenz. Blatt, No. 13, 1842:

About the middle of September, 1841, the writer was called to a child of one year of age to give his professional advice concerning its condition. He found it to be a very feeble boy, of livid color, and learned, on inquiry, that the child had this bluish color of the skin from his birth, and that the extremities were sometimes quite blue. The abdomen was distended and hard to the touch in the regio-epigastrica, but in the left hypochondrium was to be felt a hard body, which could not be taken for any thing but the liver. On the left side of the chest percussion yielded a normal sound, whilst, by auscultation, was plainly perceptible the respiration puerilis and the beats of the heart. On the right side of the chest, on the contrary, there was, with the exception of the regio subclavicularis, no respiratory murmur, but the pulsation of the heart was very strong and perceptible on an extensive space, percussion was dull almost in the whole extent of that side, and also under (on ?) the sternum and beyond it to the left side. The writer supposed, from these facts, not only that there existed a hypertrophia cordis, but also, that the heart was situated in the right side, and he prescribed small doses of calomel and digitalis, and embrocations of iodate of mercury on the abdomen. The child, which hitherto was very restless, appeared in fact to become more

quiet during the administration of these remedies, and to acquire a more lively color; the heart beat less violently, and the abdomen diminished in size. But on the night of the 17th of November the child died suddenly, as two teeth were about to make their appearance. At the post mortem examination, the heart, of the size of a man's fist, was found in the right side of the chest, the coronal veins much developed; both ventricles filled with black, fluid blood; the foramen ovale open; the great vessels, particularly the aorta, which bent to the right, much dilated; the right lung was pushed entirely behind the heart, was very small, and had two lobes; the left lung covered the heart partially, and had three lobes; both lungs were spotted black, like marble, studded with whitish-yellow smooth points, of the size of peas, and contained much blood. Nearly one-half of the cavity of the abdomen was filled with the liver; in the centre of the abdominal cavity, below the processus xyphoideus was the incisura interlobuluris, with the ligamentum teres; a little further to the right the large gall bladder; no other abnormities of the liver. The spleen in the right hypochondrium behind the liver and fastened to the fundus of the stomach. The portia pylorica of the stomach, with the duodenum, lay in the left side, and all the abdominal intestines were consequently removed from their natural position.

ARTICLE VII.

Observations on Cholera Infantum. By J. H. McNUTT, M.D., of Annapolis, Indiana.

While the subject of fever has been a fruitful source of investigation, new theories having subverted the old dogmas of the schools, other subjects in our medical literature have not received that attention their importance demands—and in some small degree to supply that desideratum, the writer pro-

poses to offer a few thoughts on infantile diseases — more particularly, on cholera infantum.

That cholera infantum is a disease of great fatality needs no argumentation. Condie says that it is a disease peculiar to the United States; and he further remarks that it prevails as an epidemic in the large cities of the United States during warm weather. Its cause and pathology are as yet not sufficiently known, as the basis on which to predicate a uniform and successful method of treatment. Children of from one to five years of age are the most obnoxious to its influence; but its principal subjects are those passing through their second summer or first dentition. Some have thought that the common causes of our autumnal fevers have an agency in the production of cholera infantum, but a moment's reflection will satisfy the inquirer after truth that this is not the fact. Cholera infantum is a disease of early summer, commencing before vegetation has commenced the process of decay, and therefore even the argument of "post hoc propter hoc" cannot be brought in aid of such an opinion. That dentition has the entire agency in its production is alike unsupported by facts and observation. Dentition is occurring during all periods of the year, whilst the ravages of cholera infantum are confined to the warmth of midsummer. Dentition, no doubt, is frequently an exciting cause, But the most rational conclusion is that the heat of summer is the principal cause, together with the change of diet that is consequent on that season of the year, as the tendency there is for the generation of acid in the prima via, in case of summer complaints of children, seems to prove. The stools are then acrid and generally fœtid, having a greenish appearance. There is, in the first place, a want of the proper assimilation of the ingesta. No doubt the heat of summer has an agency in debilitating the functions of digestion and assimilation. This being the primary pre-disposing cause, dentition and other accidental circumstances may act as exciting causes.

As to the pathology of cholera infantum, post obit examinations of those who have fallen victims to the disease have exhibited various lesions of the stomach and bowels. Early in the disease there is an anæmic condition of the stomach and bowels,

with hyperæmia of the liver, but in the progress of the disease the stomach is characterized by increased redness, with points or patches of ulceration. Much more might be said of the *post mortem* appearance, but enough is known to satisfy any one that it is a disease of the alimentary canal, primarily of irritation, and consequently of increased action.

The symptoms are generally so well marked that they give a clear index to the disease, and therefore in most cases the diagnosis is not difficult. The pulse early in the disease is usually quick, small, and tense, with increased frequency. The invasion is often sudden, irritability of the stomach being among the first abnormal symptoms. So great is the disposition to vomit that every thing taken into the stomach is instantly ejected; and indeed this constitutes one of the difficulties in the treatment of the disease, and to overcome it is the first and a very important indication in the treatment. The obstinate disposition to vomit sometimes occurs before the bowels become implicated in the disease, but most frequently in a short time, the bowels, sympathising with the stomach, commence running off. The stools at first are thin and watery, and often of a white color, containing very little feculent matter. Very often you will find in the stools undigested articles of diet the child may have eaten hours previously. The discharges generally assume a green appearance, and if the disease is not broken up in time, there is in the latter period of the disease bloody stools of a dysenteric character. So much for the appearance of the alvine evacuations in the early stage of cholera infantum.

There is often not much fever. The face is generally pale, skin dry, with shrunken aspect of the countenance, the patient choosing to lay undisturbed, moving only as the calls of nature interrupt the quiet. But as the disease advances, other functions become implicated in the morbid train of derangements. The fever assumes a continuous form, no doubt depending on some local cause, either on intestinal inflammation of a subacute character, or, which is doubtless more frequently the case, on an inflamed condition of the mesenteric glands. The thirst increases, the mouth and fauces become dry, the eyes dull and heavy, and profound coma frequently closes the

scene. The prognosis in the disease should always be given with caution. It is a disease, when treated early and promptly, that is, perhaps, as amenable to curative means as any of the formidable diseases of childhood. But, when suffered to progress for a few days without treatment, or, what is worse, maltreated, we may expect an unfavorable termination. When the stools become more natural, the irritability of the stomach is quieted, the thirst abated, we may pronounce more favorably.

The treatment of the disease is a matter of the most importance in its history. The previous health, habits, &c., of the child should be taken into account. The indications in the treatment of cholera infantum are to allay the irritability of the stomach, to relieve congestion of the liver, and to determine to the surface. The first indication is generally filled by the exhibition of a few grs. of sub-mur. hyd. The following is a valuable formula, viz: sub-mur. hyd., grs. 3; sub. carb. soda, grs. 6; mix and divide into three parts, one of which should be given every two hours. If this should fail to quiet the irritability of the stomach, a sinapism may be laid over the epigastric region. The protracted use of calomel in the diseases of children cannot be too strongly condemned. Calomel, after it has filled the indications we intended by its administration, should be laid aside, and other therapeutic means used. I have seen the little patients doomed daily to swallow the alteratives of calomel, (by the routinist,) merely because the stools are green. Now, before we push our mercurials too far, we should stop one moment and inquire the cause of the green appearance of the stool. It is known to all that to give a child milk or any other article of diet that will coagulate by the admixture with acid, that it will immediately coagulate when received into the stomach of a child who is passing green stools. Every close observer of the diseases of childhood must have noticed this. Now, the indications are clearly to overcome the acidity of the stomach, and give tone to the digestive functions. I have known nothing answer a more valuable purpose than the following syrup, viz: take of rhubarb burnt, 2 ʒ; boiling water, 8 ʒ; white or loaf sugar, 2 ʒ; boil for a few mo-

ments, then strain; to each ʒ of this syrup, after straining, add 5 grs. of the sub-carb. of soda.* It will be seen that the syrup here directed is nearly the same as the rhubarb syrup of the shops, except the burning of the rhubard, and the addition of the alkali, which I consider a valuable improvement. Now my plan of treating cholera infantum is, in the first place, if there is torpor of the liver to premise the treatment by the administration of a few grs. of calamel, as above indicated, after the operation of which commence the use of the syrup.

To a child two years old, a tea-spoonful three or four times each day, other ages in proportion. If the bowels are inclined to run off too much, add a few drops of paregoric or Godfrey's cordial to the first few doses. Should there be cerebral symptoms, and you fear the administration of an opiate to restrain the action of the bowels, give astringents. The vegetable astringents are the best, such as the tinc. kino or catechu, or what is perhaps better than any other astringent, geraneum maculatum, in tincture or infusion. It may be given alone or in conjunction with the syrup. Should the fever attendant on the disease be of an intermittent character, the apyrexia should be filled by the administration of the sulphate of quinine in doses pro re nati, in protracted cases. When there is nervousness, much benefit may be had from the use of the precipitated carb. ferri. Take of precip. carb. ferri, 1 ʒ; port wine, 4 ʒ; add the ferri to the wine. Of this a tea-spoonful may be given three or four times each day, with a proper diet and wholesome air. Such is a brief synopsis of a treatment with which I have abundant reason to be satisfied.

I would again repeat, let no one continue in the persistent use of calomel, to the exclusion of other means, when he has

* In a note in No. 3 of Braitewaite's Retrospect, page 60, the reader will find the medicinal virtues of burnt rhubarb, by E. P. Hoblyn, of the Middlesex Hospital. "It may be useful to the profession to know the value of burnt rhubarb in diarrhœa. I have used it for seven years, and found it more serviceable, in diarrhœa attendant on the last stage of consumption, than the chalk mixture and opium, or any other of the usual remedies I have known it used with the same pleasing effects for more than 20 years. In accidental diarrhœa, after one or two doses, the pains quickly subside, and the bowels return to their natural state. The dose is from five to ten grains. The manner of preparing is to burn the rhubarb in an iron crucible, stirring it until it is blackened, then smother it in a covered jar. It loses two-thirds of its weight by incineration, and is nearly tasteless. In no case where I have known it given, has it failed. I have given it in port wine, milk, or water."

no other criterion for its administration but the appearance of green stools. If he does he will find patients rapidly sinking to a premature grave. I would not be understood as condemning the proper use of calomel; on the contrary, I believe it to be a valuable means, and in all cases where there is bilious vomiting and fever, the treatment, as before remarked, should be premised by the administration of calomel in appropriate and at suitable periods, aided by the other adjuvants above indicated.

Much might be said of prophylactics. Let every one who has the care of children, avoid as much as possible all the exciting causes, such as errors in diet, unwholesome air, and difficult dentition.

ARTICLE VIII.

Proceedings of Medical Societies communicated for Publication.

The Upper Wabash Medical Association.—Pursuant to previous notice, about twenty physicians, from the counties of Cass, Miami, Wabash, &c., assembled at Wabash, Wabash county, on Wednesday, May 10th, in Medical Convention. Professor G. N. Fitch, of Logansport, was appointed President, and Dr. James Ford, of Wabash, Secretary.

On motion,

Resolved, That this Convention form an association, to be known by the name of "*The Upper Wabash Medical Association.*"

Resolved, That the President of this Convention, appoint a committee of three to prepare a Constitution, By-Laws, and Code of Medical Ethics, to be submitted to the next meeting of the Convention.

C. V. N. Lent, U. Farquahar, and James Ford, were appointed such committee.

On motion,

The following instructions were sent to said committee:

"To report as necessary for a membership of the Associa-

tion:—A good English education, a good moral character, a diploma from some regular college, or in the absence of a diploma, a license from any regular Medical College, or from any duly organized society of regular physicians—or, if the candidate has neither diploma or license, or, a certificate that he has read medicine three years under any regular physician of good standing, or been a respectable practitioner of medicine, for three years, and is possessed of the two first requirements, shall entitle him to an examination by the Board of Censors of the Association, for admission to a membership."

Resolved, That a committee of three be appointed, to examine into the credentials of those who shall offer themselves for a membership of the Association.

R. Faber, A. Chapman, and C. V. N. Lent, were appointed such committee.

Resolved, That a committee of two or more, from each county within the limits of the Association, be appointed to present at the next meeting, or as early thereafter as possible, reports of the medical topography of their respective counties, and that they be instructed to embrace in their report, especially, the following matters, viz: Streams, their size, current, quality of water, duration, beds, banks, whether dry or low and marshy; soil, timber, its quality and quantity; surface, level or undulating; prairie, quantity and quality; mineral deposits; rock, what kinds and quality; ponds and lakes, their size, quantity of water, nature of shores, &c.; medical botany; any cause producing or modifying disease; prevalent diseases.

The following committee was appointed under this resolution, viz.:

Grant county.—Wm. Lomax and J. S. Shively.

Wabash county.—Jas. Ford, S. A. Barry, and —— Mussy.

Miami county.—E. H. Salter, G. C. Paramore, J. S. Cole, and J. H. Constant.

Fulton county.—Charles Brackett and J. J. Shryock.

Howard county.—C. Richmond and J. H. Kerns.

Cass county.—G. N. Fitch, R. Faber, and A. B. Buchanan.

Resolved, That R. Faber be requested to prepare himself by

the next meeting of the Convention, for keeping from and after that time, a Meteorological Table for the use of the Association.

Resolved, That the President and Secretary, of this Convention, be requested to deliver essays on some medical subject, at the next meeting of the Convention.

Resolved, That this Convention meet on Wednesday, 21st June, at 10 o'clock, A. M., at the Western House, in Peru, for the purpose of perfecting the organization of the Association, and otherwise carrying out the designs of the resolutions of this Convention.

Resolved. That the Physicians of Huntington, Wabash, Miami, Grant, Cass, Fulton, Howard, Carroll, and Pulaski counties, be invited to meet and unite with us at that time and place.

Resolved, That the Editors of all the newspapers in the above counties, be requested to publish the proceedings of this Convention, and that a copy of the same, be sent to the North-Western Medical and Surgical Journal, (late Indiana and Illinois Medical and Surgical Journal.)

The Convention then adjourned, to meet again as resolved.

G. N. FITCH, *President.*

JAMES FORD, *Secretary.*

Proceedings of Rock River Medical Society, May 16th, 1848, at Dixon, Ill.—The meeting was called to order by the President, J. B. NASH, M.D. Dr. OLIVER EVERETT, was chosen Vice President, *pro. tem.* JOS. S. LANE, M.D., Secretary, *pro. tem.*

The following gentlemen were admitted members of the Society: Drs. G. W. Chittenden, J. J. Baten, Wm. O. Chamberlain, S. Allen Paddock, Ephraim Ingals, and A. S. Hudson.

The President then delivered an address to the Society, on the causes of our western diseases.

After some discussion, on different subjects, the Society then proceeded to the election of officers, which resulted in electing the following gentlemen:

President.—L. CLARK, M.D., Rockford, Ill.

1st Vice President.—Jos. S. Lane, M.D., Janesville, Wis.

2d Vice President.—Wm. O. Chamberlain, M.D., Princeton, Illinois.

Treasurer and Secretary.—A. M. Catlin, M.D., Rockford, Ill.

Censors.—W. W. Welch, M.D., Inlet Grove, Ill.; Oliver Everett, M.D., Dixon, Ill.; Jos. S. Lane, M.D., Janesville, Wisconsin.

The President appointed Dr. G. W. Chittenden and Dr. A. Clark, to deliver addresses before the Society, at its semi-annual meeting. Also, Dr. A. W. Benton and Dr. C. Martin, to deliver addresses before the Society, at its next annual meeting.

The following resolutions were then adopted:

Resolved, That the thanks of this Society are due, and are hereby tendered to our President, Dr. J. B. Nash, for his interesting and instructive address, delivered before it.

Resolved, That the annual meeting be held at Rockford on the 3d Tuesday of May.

Resolved, That the semi-annual meeting be held at Janesville, Wisconsin, on the 1st Tuesday in November.

The Society then adjourned.

JOSEPH S. LANE, *Secretary.*

Fort Wayne Medical Society.—This Association was organized in the city of Fort Wayne, on Tuesday, May 2d, 1848, and is to be composed of the regular practitioners of medicine, in Allen and the adjoining counties.

The following officers were elected for the ensuing year, viz.:

President.—Dr. Thomas Hamilton, Lagro, Ia.

Vice President.—Dr. C. E. Sturgis, Fort Wayne, Ia.

Treasurer.—Dr. J. M. Kitchen, Fort Wayne, Ia.

Secretary.—Dr. S. S. Thompson, Fort Wayne, Ia.

A Board of Censors was chosen, for the examination of applicants for membership. The Society meets again, on Tuesday, 7th Nov. next, at the Court House, in Fort Wayne.

Western Medical Society of Wayne county, Indiana.—At a

meeting of the Western Medical Society, of Wayne county, Indiana, held in Hagerstown, on the first Monday in March last, it was "resolved that the President and Secretary, be requested to inform the Editors of the North-Western Medical and Surgical Journal, of the organization of this Society; and that each member be requested to subscribe for one copy of said Journal."

This Society was organized on the sixth of October, 1846. Numbers about twenty members. It holds its stated meetings on the first Monday of March, June, September, and December, at such places as the Society adjourns to. It elects its officers annually, at its meetings in June.

N. JOHNSON, *President.*

AUGUSTUS WEAVER, *Secretary.*

Indianapolis Medical Society.—The Society held its regular session, on Saturday evening, June 3d.

Dr. Livingston Dunlap read a highly interesting paper, on the nature and treatment of hydrocele.

A discussion followed, on the merits of the operations performed, and the pathology of the disease. This was very generally participated in, by the members, and was highly interesting.

After transacting some local business, the Society adjourned to the next regular meeting.

J. S. BOBBS, *Secretary.*

Part 2.—Reviews.

ARTICLE I.

A Practical Treatise on the Causes, Symptoms, and Treatment of Spermatorrhœa. By M. Lallemand, formerly Professor of Clinical Surgery at the University of Montpelier, Member of the Royal Academy of Medicine of Paris, &c., &c. Translated and Edited by Henry J. McDougal, Member of the Royal College of Surgeons of England, &c., &c. pp. 320, 8vo. Philadelphia: Lea & Blanchard. 1848. (From the publishers, and for sale by Joseph Keen, Jr., Chicago.)

A treatise, of the extent of this work, upon the subject of involuntary seminal discharge, may, from the limited notice the subject has received heretofore, seem to our readers to be unnecessary. But, as the numerous affections of the organs of generation, direct and sympathetic, that give rise to debility and irritability, are considered, the work is, perhaps, as brief as is compatible with a full elucidation of the subject. The work before us is an abridgement of the original, which forms three large octavo volumes.

In glancing hastily over this work, we come to the conclusion that spermatorrhœa, as a symptom of disease, if not as a principal affection, is worthy of much more attention than it has heretofore received.

Hypochondriasis and cerebral congestion seem to be very frequent accompaniaments of the affection.

In the cases reported, of which there are sixty-two, we observe that a large proportion seem to have followed excessive sexual indulgence or masturbation, and are accompanied with melancholy.

We have often been struck with the large number of cases of insanity, reported as being caused by masturbation, and conclude that the habit is very frequently as much a result of hypochondriasis as a cause, in which case the excessive

irritation to which the organs are subjected not unfrequently gives rise to spermatorrhœa.

The work, altogether, is quite interesting; contains much valuable information; and, where the people are much liable to venereal diseases, or excesses will, doubtless, be of much practical value. We observe that cauterization has been very successful in the hands of the author.

To show the plan of the work, we quote from the introduction:

"It is, however, of great importance to study attentively the symptoms of involuntary spermatic discharges; they are little known, very varied, and capable of stimulating a host of other affections; but their character is independent of the first cause of the disease, and they furnish few indications for the regulation of its treatment.

"On the other hand, the history of this affection is so much in its infancy, that I feel the necessity of proceeding as if I were treating an entirely new subject. I shall, therefore, relate many single cases, before I attempt to arrive at general conclusions. As these cases are very numerous, I must classify them according to some arrangement, and I shall place the CAUSES first in this classification, since they are the most important part of it. Proceeding from the evident to the doubtful, and from the simple to the compound, I shall examine first the causes whose action is most direct and undoubted; and whilst studying the influence of each cause, I shall bring forward the cases in which its action has been energetic, isolated, and when possible, proved by post mortem inspection, and I shall afterwards cite cases in which several causes have acted successively or simultaneously.

"After having examined many cases in this manner, I shall make a general *resume*, in the course of which, I shall comment on whatever relates to the symptoms of the treatment.

"I shall also pay attention to the analogous phenomena which may be observed in the female.

"I propose then to consider this affection of the genital organs in all its varied phases; I shall pass rapidly over what is already known; I shall, on the contrary, insist on the most remarkable errors, and comment fully on all that may seem doubtful or obscure.

"If I were to relate all the cases that have come under my notice, tiresome repetitions would result: I shall, therefore,

choose only those which best show the characteristic features of the most important distinctions."

In reference to the pathological anatomy of these organs, our author correctly observes :

"Works on pathological anatomy have hitherto afforded us very little information respecting this important and delicate matter; the omission arises from several circumstances.

"Inflammation of the spermatic organs does not threaten life at its commencement; when the patient dies at an early period of the affection, it is in consequence of some other more serious disease, which engrosses the care of the attendants, so that after death, examination of the spermatic organs is neglected."

Several cases are reported and the post mortem appearances detailed, showing important lesions of structure in the different parts of the genito-urinary apparatus. These are particularly interesting, as showing the result of badly treated cases of gonnorrhœa. The testicles, seminal vesicles, prostate gland, bladder, and kidneys, generally show the most prominent marks of disease.

The following quotation shows the application made of this chapter, to the subject of the work :

"To resume:—All the mucous surface of the genito-urinary organs have the greatest analogy and the most intimate connection with one another. It is by them that inflammation creeps by degrees to the secreting organs of the urine and of the semen. The portion of this membrane which lines the prostate, being in intimate connection with that of the mucous follicles, with that of the ejaculatory ducts, and with that of the bladder—this portion then is the one, the different conditions of which have most effect on all the rest. This connection takes place by means of the lining membrane of the ducts; and is by no means to be considered the result of sympathy, such as exists between the uterus and breasts.

"The excretory canal transmitting the inflammation, must necessarily share its influence. The seminal ducts and vesicles, then, cannot remain unaffected by the action they transmit to the testicles and this is an important consideration when we recollect that these are as much the acting organs

in the emission of semen, as the bladder is the organ for the expulsion of urine.

"We shall often find it necessary to apply these facts to the study and treatment of diurnal pollutions, and in passing, it is as well to notice, that the influence of the excretory canals on the secreting organs is not an isolated phenomenon occurring only in the kidneys and testicles, but that it is the result of a general law, applicable to all glands.

"Suction excites the secretion of milk and changes its qualities; the first drops drawn from the nipple are watery, and the milk afterwards becomes more abundant and better formed in proportion as the suction continues. The introduction of extraneous bodies between the eyelids increases the lachrymal secretion, which sometimes even is so changed, that it irritates and excoriates the skin of the cheeks. The presence of food in the mouth, especially when spiced and savoury, increases the secretion of the salivary glands. During digestion, the liver and pancreas are excited; and the action of emetics and purgatives produces the same effects. The ejaculatory ducts open on the surface of the prostatic mucous membrane; is, then, the important part which this membrane plays in the production of spermatorrhœa, a cause for wonder?"

We next have eight chapters on the causes of spermatorrhœa, constituting the main body of the work. In these, are reported fifty-eight cases, of which we make the following brief summaries. In chapter third there are five cases illustrative of the effects of blennorrhagia, as a cause. In reference to it, the author observes:

"Blennorrhagia is the most active and the most direct, as well as the most easily appreciated, of all these causes, and this is why I have commenced by reporting cases in which it has played a principal part. When these cases are examined separately with some attention, we soon perceive that the discharge has been preceded, accompanied, or followed, by some circumstances capable, by their own action, of giving rise to spermatorrhœa. It is necessary to pay attention to this point."

In chapter fourth there are five cases, showing cutaneous affections to have caused the disease.

Chapter fifth gives fourteen cases, in which it was caused by diseases of the rectum, in most of them, by the irritation

of ascarides, the expulsion of which effected a cure; in others, by the pressure of fæces, hemorrhoids, &c., in which removal was followed by recovery.

In chapter sixth, abuse of the organs of generation is shown to cause spermatorrhœa, by the report of seven cases. It might be remarked that masturbation was practiced by a large number of the cases, reported under other heads.

Chapter seventh, gives ten cases of venereal excess, that resulted in the disease.

Chapter eighth speaks of the action of certain medicines, as causing it, with a report of four cases. The medicines are astringents, purgatives, narcoties, cantharides, camphor, nitrate of potassa, ergot, coffee, and tea.

The close of the following paragraph shows how easy it is to give a coloring to facts, if facts they are, to make them suit the author's purpose:

"*Ergot of Rye.*—This singular production seems to act with as much energy on the genital organs of man, as on the female uterus. In the districts where spurred rye is common and the peasantry are not careful to seperate the diseased grain from the healthy, the men show a considerable disposition to commit venereal excesses, and the women frequently abort. The population generally, also present signs of premature decrepitude, which we can easily imagine, may arise from involuntary seminal discharges brought on by the excesses they commit."

Chapter ninth has two cases to show the influence of the cerebro-spinal system of nerves in the production of the disease. We extract the following given by the translator:

"A private in the engineers wishing to get out of his barracks to visit a female, fell from a great height on his buttocks. Serious concussion resulted, but no fracture. Notwithstanding bleeding, leeches, cupping, issues, &c., the lower extremities remained paralysed. After a time, however, galvanism restored slight motion, and obscure sensibility. Still the glans, the prepuce, and skin of the penis and scrotum, remained completely insensible. Pinching, and pins driven into them, were unperceived by the patient. Catheterism, which at first was frequently necessary, never induced complaints. But chronic vesicular catarrh supervening, I cau-

terized the bladder and its neck, and this operation gave just as much pain as in other patients.

"The same phenomena followed. At first the urine was sanguinolent and thick, but soon lost this appearance, and was passed with greater force and facility. Whilst treating this patient, I often found the penis in complete, and indeed remarkable erection. I mentioned this to the patient, who told me that he often suffered from this state of priapism, which he found very disagreeable on account of the obstacle which it formed to the discharge of urine. In order to relieve himself, he had several times tried masturbation, but had never been able to procure ejaculation, notwithstanding the erection was perfect, and he had persevered in his manœuvres. He experienced no pleasure, and only attempted it in the hope of relieving the priapism. Having one day obtained permission to leave the hospital, he visited the female, to see whom he had scaled the barrack walls in so unfortunate a manner. He passed several hours with her in almost continual connection, without being able to procure ejaculation, and without experiencing the least sensation. On the other hand, all his functions were well performed, with the exception of slight costiveness; he gained flesh daily, and his moral faculties were not affected; abundant nocturnal pollutions took place at long intervals, and were preceded by erotic dreams, but accompanied with but little pleasure.

"This case shows clearly the special influence of the spinal nerves in contra-distinction to that of the branches of the sympathetic, distributed to the different parts of the genital apparatus. In fact, in this patient, all the phenomena dependant on the cerebro-spinal apparatus were abolished, whilst the others had not experienced the least change. Voluntary ejaculation was impossible, because the penis had lost all sensibility, and consequently, all its influence over the seminal vesicles. This confirms what I have already stated respecting the difficulty of ejaculation caused by intoxication or narcotism. It is sufficiently evident, that alcaholic drinks, &c., when the stupor is perfect, may retard ejaculation or even render it impossible, although erection may be complete. In this patient, there was constant and energetic priapism, which was not accompanied by any lascivious ideas, because it was produced directly by the accumulation of semen in its reservoirs, without any sensation being transmitted to the encephalon, at least during the waking state. But during sleep, all the senses being inactive, as well as the cerebro-spinal system, and the nerves derived from it, sensa-

tions transmitted by the branches of the trisplanchnic, might awaken images and associations of ideas, as well as produce from time to time lascivious dreams and nocturnal pollutions—proving that these phenomena are directly under the control of the great sympathetic."

And chapter tenth, on congenital predisposition, gives nine cases of malformation of the prepuce, &c., some diseases of the organs, which produced spermatorrhœa.

The remaining chapters of the work, are devoted to the symptoms and treatment of the disease.

The treatment, of course, is varied considerably according to the cause, and the appropriate remedy suited to each, is generally recommended.

"In case of chronic inflammation or irritation of the urethra," cauterization is recommended. This is to be effected by the nitrate of silver applied by means of the author's porte-caustique, which is generally familiar to the profession.

With these brief notes, we leave the work with a sense of gratification, similar to that attending the washing of hands after the performance of a dirty manipulation—conscious of having discharged a duty in the performance of a disgreeable office. E.

Part 3.—Bibliographical Notices

ARTICLE I.

An Introductory Lecture delivered at the Massachusetts Medical College, Nov. 3, 1847. By Oliver Wendell Holmes, M.D., Parkman Professor of Anatomy and Physiology. Boston: W. D. Ticknor, & Co. pp 38. Copy right secured.

As a literary production, this address is entitled to all the praise that was bestowed upon it in Boston, about the time of its delivery and publication; but it is evident that the author's ideas of the West and South are very limited, as his opinions of the medical profession and the Medical Schools in these regions, are very erroneous. It will be amusing to our readers, (for we are sure they know how to make allowances for it, so as not to take umbrage,) to hear the sweeping denunciations against them, and the schools which it is their interest and pride to foster and build up, made in this maiden effort of Dr. Holmes, as a professor; and the complacency with which he speaks of Boston and the school with which he is connected.

We hope ere he holds forth on the subject again, he will take occasion to visit the "great West" and South, and pass from Chicago to New Orleans, visiting the points enumerated in the article quoted below, as the sites of Medical Schools, making the acquaintance of members of the profession on his route; and our prediction is, that he will not be able to give a history of what he has seen, and an account of the greatness to which the country, and of medical men and medical schools, are destined, without becoming as eloquent in our praise, as he has been severe in our condemnation.

There is no doubt that as the Mississippi valley becomes the seat of empire for the Union, and the principal place of commerce and manufactures, as it is of agriculture already, that the medical profession will also take the high stand, to

which it is now marching forward, of pre-eminence, occupied by the country in other respects. A glance at the progress of the last few years, in building up institutions of learning, and a view of the almost unbounded capacity of our country, point with unerring certainty, to the time when our halls of learning will be crowded, not only with students from all the States of the Union, but from all the civilized countries in the world.

As our talented friend Prof. Flint has shown up in their true light these denunciations and high pretensions, in a spirit of candor, and in a manner to meet our entire approbation, we quote from the Buffalo Medical Journal, his remarks in reference to the address.

"Dr. Holmes is favorably known as author of some valuable communications on medical subjects. He enjoys greater celebrity, however, in the walks of polite literature. He furnishes an illustration of the compatibility of pursuits so antagonistical, apparently, as physic and poetry, having cultivated the latter with a degree of success which might well satisfy a reasonable ambition. But the annals of medicine are not without examples in which the characters of poet and physician have been united, and preserved, without deterioration of either character; and Apollo, if our mythological knowledge serves us, was the Divinity of the lyre, as well as of medicine. The lecture, as a literary effort, takes precedence of all which we have received; but, as regards matter and tone, we must say, it seems to our prosaic apprehension to be open to criticism. Having said this much we are bound to adduce some of the portions of the lecture to which our remarks have reference.

"Having alluded in terms of approbation to the organization of the National Medical Association, the lecturer speaks of its objects, &c., in this wise:

"'If the feeling in which this originated were truly stated, it would be found that it was a result of the institution of *inferior medical schools*, situated in the *wrong places*, and managed by the *wrong men*, and the consequent cheapening and *vulgarizing* of education, until the degree of doctor of medicine has, in *some parts* of our country, ceased to be an evidence of a decent amount of knowledge on the part of those who possess it. The honorable and thorough bred practitioner found himself shouldered by ignorant novices claiming to be his equals, who had never devoted half the allotted pe-

riod of pupilage to study, who had never touched a scalpel, who had never *seen* a hospital, and in the face of an easy public, apt to take men at their own valuation, and having no proper means of discriminating between them.* Such, I believe, was the original mainspring of the movement, but other and more useful designs have been superadded to the principal one of raising the degenerated standard of education. Among them are the thorough union and organization of the profession, the establishment of an elevated code of ethics, and the pursuit of various inquiries in concert by physicians of different sections of the country.

"'There are two great objects, then, aimed at by the National Medical Association: one may properly be callled *Reform;* it implies the previous existence of abuses, and casts a reproach upon all to whom its measures apply, for doing some wrong, or neglecting some duty. The other is *improvement*, and this it may be presumed every body and association in the country, like every individual person, is capable of, and will find ample room for, if it is to be urged upon them. Now, I believe I may say with confidence, that neither this community nor this institution are obnoxious to any charge that calls for the agency of *reform* as that word is commonly intended. We *reform* the victims of habitual intoxication, but if we induce a strictly temperate person to become more severely abstinent, we may call it improvement if we will, but not reformation. Our medical community was already thoroughly organized; an ethical code, in most respects identical with that adopted by the National Convention, had been in action here for a long series of years; a general state of harmony and an enlightened public sentiment were already prevalent. In this University there was a full complement of instructors; the first of all requisites, clinical teaching, was thoroughly attended to, and the full period of study, as I once learned to my infinite inconvenience, always rigorously insisted upon.

"'Let us distinguish, then, between reform and improvement. We can all improve, let us hope that we do not all stand in need of reform. The word becomes offensive and impertinent when used too freely. It has the effect of the crack of a whip in a pasture full of quiet and contented animals. The peaceful creature who was solely intent upon

* It is a little remarkable that on the morning after these words were written, I received a letter from one of the great States of the distant West, containing the following sentences, "We have several miserable apologies for medical schools in this State, which by cheapening the rates of instruction induce many young men of limited means to attend their lectures. The consequence is that we have many among us who flourish an M.D., and yet are ignorant of the elementary principles of Medical Science."

his thistle, looks up and gives loud utterence to his impressions, and the unshod colts throw up their foolish heels into the air as if there were to be an end of all slow coaches from the date of their superfluous gambols.'

"If a feeling resulting from 'the institution of *inferior medical schools* situated in wrong places,' &c., originated the 'great national project' of the Convention, it is truly surprising that the proceedings of the Convention do not contain even an allusion to the subject. Strange that no action was had upon it, and that no member of the Convention even proposed it as a matter for deliberation! We concur, however, in the propriety of characterizing the objects of the Convention as objects of *improvement* rather than *reform*, but, with all our predilections for our *alma mater*, we are at a loss to perceive the propriety of assuming that the distinction applies *par excellence* to the Boston School. We have contended, on a previous occasion, that as applicable to medical institutions, and the medical profession of the country generally, the terms improvement, and progress, are more appropriate than reform. It were easy to show from the history of both a continued career of advancement—neither have receded in excellence and usefulness, but the course of each has been steadily onward—how, then, can they be said to need reform. They are both capable of being bettered, and to combine and concentrate efforts for this end, we presume, was the prime purpose for which the convention was projected and carried into effect. In pursuance of this end the Convention adopted resolutions, recommending certain improvements in the system of instruction at medical schools. Now in these recommended improvements had the Boston School anticipated the action of the Convention, so as to render this action inapplicable to it?

"Dr. H. says: 'In this University there was a full complement of instructors.' Would it not have been more strictly correct to say there *is* a full complement, for, if we mistake not, the number recommended by the Convention, viz., seven, did not exist at the time the first Convention was held? It was then but six, anatomy and operative surgery being taught by the same professor. It has since been increased to eight. It was recommended by the Convention that dissections be rendered obligatory upon pupils before graduation, yet, we find by the reply to the interrogatory whether at that school the student is required to dissect, that it is voluntary with the student. Some other Institutions have already adopted this improvement. Again, the Convention recommended that Medical schools take measures to insure constant attendance of pupils at lectures. Is this

done at the Boston School? And, again, as respects the still more important improvement of extending the lecture term to six months, we have yet to be informed that our venerated *alma mater* has followed the example of other schools in acceding to this improvement. We shall surely not be accused of a desire to depreciate that institution of all others, but we must say that we are at a loss to perceive that it differs from a majority of the *well located* medical institutions of our country so far as to be excepted from any application of the recommendations of the Convention.

"In the quotation which follows, the writer reiterates the stereotyped complaint of the multiplication of medical schools, and the pernicious effect of competition. The reader will, of course, form his own opinion of the taste evinced in the allusions to other teachers, which is indulged in an introductory lecture by a newly appointed professor. As respects the effects of competition in Medical schools, we can perceive no reason why it should not have its advantages here, as in every other sphere of effort. We know it is customary to attribute most of the evils under which the profession labors to this source, but we believe no reason can be assigned for the opinion except that it has become habitual. We cannot devote space, in this connection, to the discussion of the topic, but we would simply ask two or three questions, to direct the attention of our readers to facts which settle the matter practically and fully: Is the University of Pennsylvania less deservedly distinguished in its educational advantages than it probably would have been, had the Jefferson school never been organized? Has the Jefferson school suffered by competition with the several other institutions which have been more recently established in Philadelphia? What was the condition of the College of Physicians and Surgeons of the city of New-York before the University school went into operation, and what is its comparative reputation now? If our Boston friends will reflect upon these questions, we honestly believe they would not be alarmed at the prospect of a rival medical school in their own city. Excellent as the school now in existence there is, it would become, in our opinion, better, and more flourishing under the stimulus of competition. We state this as a prediliction, for the time is probably not far distant when the experiment will be practically tried. But to the quotation which has suggested these desultory remarks:

"'The extreme and rapid multiplication of medical schools has certainly had its use in educating the teachers, if not the students, and perhaps in giving a little training to some of those who might have gone into practice without any. I

need not say what bad consequences it has had; I have hinted at them already, and the country is full of loud complaints on the subject. So long as the moderate compensation of the teacher is an inducement to unemployed young men; so long as the poor title, bestowed upon every itinerant who juggles a living out of the pseudo-sciences, can tickle the ears of the half-taught practioners, will legislatures be teased to grant charters for new schools, not only uncalled for by any public want, but tending directly to lower the standard of education. Competition is a good thing in its place, but it has blown up hundreds of poor wretches who trusted themselves in *Western* steamboats; and if suffered to run riot through our medical institutions they will be true to the parallel of hot fires, thin boilers, close valves and their inevitable consequences. There is a natural fitness of circumstances that might be regarded with some advantage. Men do not establish factories on hill-tops, where the water that turns the wheels must all be pumped up by hand. They do not organize infant schools in diving bells, where the light is to be let in through a bull's eye, and the air to be sent down in demijohns. Rivalry in medical institutions must always exist, but this business of underbidding and under-feeding, this farming out of medical students, like town paupers, to the lowest contractor, must eventually be arrested. If the law cannot do it by the necessary discrimination, organized public opinion can and will do it. And the time must come when those institutions which cannot by any possibility afford practical instruction in the most important branches of the profession will cease to be recognized as capable of giving a full title to public confidence. It is but the addition of three or four letters to those which designate the medical gratitude, and the *Doctor Medicinæ Pennsylvaniensis* or *Harvardiensis* is as well known as the Parisian graduate by the title which he never fails to claim, and the equality which now confounds the most important differences is at once overthrown and abolished!'

"Our readers have not failed to observe from the tenor of a note annexed to the extract preceding the last, that Dr. Holmes entertained a very low opinion of Western Schools. His ideas of Western and Southern teachers may be gathered from the extract which will follow. His remarks upon multiplied schools, and 'inferior medical schools located in wrong places,' 'unemployed young men becoming teachers for the moderate compensation,' &c., seems to have reference especially to the West and South. We cannot let this pass without a remark or two, although our Western and Southern brethren are abundantly able to defend themselves, and

perhaps will not thank us for volunteering any comments on this attack, for so we must term it. Our remarks will be rarther apologetic for the writer than otherwise. We have some little practical acquaintance with 'Boston notions.' One of these notions is, that Boston is the *ne plus ultra* of all places, another is, that it is the *sine qua non*. We should be sorry to seem obnoxious to the accusation of being wanting in respect for the metropolis of our native state. The accusation would be groundless. We delight to honor it as the seat of learning, science and refinement; but it does not absorb all the talent, acquirement, and intellectual resources of the country.

"It is really amusing to a visitor at New England to observe how little all that that pertains to the 'great States of the distant West' (to quote the writer's expression) is appreciated. The Bostonian thinks it passing strange that in Europe his white skin occasions surprise. The ideas which prevail in New England respecting the West, appear not less strange to the citizen of the latter. The author of the address before us, in the remarks to which we have directed the reader's attention, only expresses a common sectional sentiment. We do him the justice to believe that he supposes his remarks to be such palpable truisms, that no offence can possibly be taken, for, we presume he would not knowingly violate the rules of courtesy and good-breeding, to say nothing of medical ethics. That he honestly thinks the medical institutions of the West are 'miserable apologies for medical schools' we have no doubt, and furthermore, it is to his mind so obvious that it must be so, as to require no reserve in uttering the opinion. He could not probably be induced to speak disparagingly of the schools which are, comparatively, in his neighborhood, viz., Woodstock, Castleton, Hanover, Bowdoin, all located in small villages. These are in New England, and cannot be charged with being 'inferior schools wrongly located,' the chairs filled with 'unemployed young men,' &c. New England needs them all. But in the 'great States of the distant West' and South, what are the schools referred to? They are as follows:—One at Chicago, Illinois, a town now larger than was Boston when the Boston Medical School was instituted; one at Laporte, in the great State of Indiana; two at St. Louis, a city larger than was Boston twenty years ago; one at Cincinnati, one at Columbus, and one at Cleveland, these from the great State of Ohio; two in Kentucky, one at Lexington the other at Louisville; one in Tennessee; one in Louisana, at New Orleans; one at Charleston, South Carolina. These are the Medical Institutions of the distant West

and South. We beg the reader to cast his eye upon the map of the United States, and compare the territory over which these schools are scattered, with the area of New England with its seven Medical Colleges, (five of which are in villages) and more in contemplation!

"We will not enter upon the delicate undertaking of instituting comparisons of individuals, but there can be no invidiousness in enumerating some of the teachers connected with the 'miserable apologies for schools' in the distant West and South. The names of Drake, Caldwell, Gross, Dudley, Bartlett, Brainard, Linton, Blake, Delamater, Mussey, Lawson, Carpenter, Ackley, Dickson, Moultrie, Harrison, and others, are certainly familiar, not only at the South and West, but with the Medical Profession of the whole country.

"We must waive father remark, and after presenting the extract already referred to, proceed to notice some introductory lectures emanating from Western Schools, of which we have several on file.

"'There are many peculiarities in the medical character of this section of the country. Our position in New England, a little out of the broad current, our distinct origin, our hereditary habits, manifest their influence in the shades of professional as well as political character. We may expect to find the New Englander as cool, as shrewd, as practical in medicine as in business. But his peculiarities are best displayed in the medical teacher and the medical public. The first is singularly calm, simple and didactic, as compared with many of his distant brethren; the second cautious, sedate, respectful to a degree which the fiery children of the South would call tame and submissive. When the annual flowering of 'Introductory Lectures' takes place, it may be seen that the colors are generally higher as the distance from the equator is less, and that the gayest display is from those that have had the advantage of the last rays of the setting sun; the efflorescence of scientific enthusiasm on the banks of the Mississippi or Missouri. Whether it be the coldness of Northern winds or the sterility of Eastern soil, there is less leaving out in proportion to the yield, and that of a less glaring aspect in our sober nurseries of knowledge than in those of our Southern and Western friends. Our danger is in the direction of *sensible dulness*, and theirs in that of glittering wordiness.'"

We have had abundant opportunity to observe the character of our profession in the West; and although we have to deplore the fact that there are many practising medicine with-

out a good education, and without having attended lectures in any medical college; yet, it is not the case that *graduates* in medicine from western schools, are generally inferior in point of professional knowledge to those from the East. Not only so, but it is a fact that those educated in the West, at schools affording clinical instruction, go into the field of practice with decided advantage over those from the East, on account of their familiarity with the most common types of disease here, with which the eastern graduate must become practically acquainted, after he comes to the country. Of the truth of this, almost every physician from the East who has been in practice in the West, will abundantly testify.

From the Southern Medical and Surgical Journal, we have the following:

"We have, comparatively speaking, no *Parisian* graduates among us, and we deny that a Diploma from *Pennsylvania* or *Harvard* confers any distinction whatever upon its possessor. On the contrary, a graduate of the Medical College of Georgia requires no additional examination for license to practice in this State; but an applicant, especially from one of the New England Medical Colleges, (*Harvard* included) is subjected to a rigid scrutiny. And, why? Because of their imperfect organization, several of the schools having, until recently, but four or five professors."

It will be observed that the quotation in reference to which the above paragraph was written, does not, other than by implication, set up claims for the Harvard and Pennsylvania schools above all others. The manner and connection in which a simple truth is stated, are objectionable. The truth that a want of means to give clinical instruction renders an institution inferior to those that possess them, will scarcely be denied by any one; but that the schools of the South and West are less capable, generally, of affording clinical instruction than those of the East, is by no means so apparent. The facilities for giving clinical instruction, may be classed under two heads—1. The number of patients presented for observation. 2. The facility with which the student is afforded opportunities of examining them. In reference to the 1st, no one doubts that the advantages are greater at the East

than the West. This depends upon the number of the pauper population, which is generally greatest in the largest cities. But the 2d depends upon the number of patients compared with the size of the medical class receiving instruction, and the liberties given them by hospital rules; and in this respect we apprehend the West and South will be found to afford equal advantages to the East, if not greater. Comparatively few students have the opportunity in the eastern institutions, where the classes are large, of making examinations for themselves, of cases under investigation; and without feeling the pulse, applying the stethoscope, making percussion, examining closely the tongue, the eyes, the countenance, feeling the skin, or examining the evacuations, they hear the clinical instructor prescribe. Can the student learn much more in this way, than by simply hearing the symptoms explained, and the treatment laid down in the college lecture room? Hundreds of our readers who have set at a distance of perhaps (very fortunately) only 20 or of 50 feet from the patient in a crowded amphitheatre, and *seen* the examinations and heard the prescriptions made, can say whether it gave them practical tact in the sick room or not, and whether a fewer number of cases closely and properly examined, would not have qualified them better for practice.

In most of the schools and hospitals of the West, the number of students in proportion to the patients and teachers not being so great, they are afforded more opportunities of walking the wards, and those having charge of hospitals, we believe, are more liberal in allowing privileges. In the Chicago hospital last winter, the class was divided into sections, one of which visited the wards daily, and each student was allowed to feel the pulse, auscultate, &c., &c., as the examinations were made.

ARTICLE II.

The Human Brain: its Structure, Physiology, and Diseases; with a Description of the Typical Forms of Brain in the Animal Kingdom. By SAMUEL SOLLY, F.R.S., Senior Assistant Surgeon to St Thomas Hospital, and Lecturer on Clinical Surgery, &c., &c. From the second London Edition: with one hundred and eighteen wood engravings. pp. 496, 8vo. Philadelphia: Lea & Blanchard. 1848. (From the publishers—for sale by Joseph Keene, Jr., Chicago.)

This is a re-print of an English work without American notes, comments, or additions; in other words, it is without an editor. It is a thing well enough to try a book on its own merits occasionally, in which case, if it is popular, there will be less difficulty in awarding the meed of praise for its success. It is often extremely difficult to say whether the work itself and the reputation of the author bears up the name of the editor, or whether the editor enhances the value and reputation of the work.

In reference to the character of the work before us, we can only say, that from reading part of it, and glances at the arrangement of the subject in the remaining portion, we believe it to be excellent.

The comparative anatomy and physiology, the minute examination of the structures, and the close enquiry into the functions of the different parts of the brain and nerves, in the first part of the work, are highly interesting; and from the amount of observation and research here manifested, we feel justified in expecting to find laid down in the subsequent more practical part of the work, in which the diseases of the brain and their treatment are considered, a clear pathology and correct practice. [E.

ARTICLE III.

Theory and Practice of Midwifery. By FLEETWOOD CHURCHILL, M.D., M. R. I. A.; Licentiate of the College of Physicians in Ireland; Physician to the Western Lying-in Hospital; Lecturer on Midwifery, &c., in the Richmond Hospital School of Medicine; Author of a "Treatise of the Diseases of Females," etc., etc., with Notes and additions, by ROBERT M. HUSTON, M.D., Professor of Materia Medica and General Therapeutics, and formerly of Obstetrics, &c., in Jefferson Medical College of Philadelphia, &c., &c. Third American edition with one hundred and twenty-eight illustrations, &c., &c. Philadelphia: Lea & Blanchard, 1848. (From the Publishers—for sale by Joseph Keene, Jr., Chicago.)

The established reputation of this work, renders it unnecessary for us to say any thing in its commendation.

In the present edition, the author has taken especial pains to adapt it to the wants of the profession in America. It is one of the best works we have on the subject of which it treats. [E.

ARTICLE IV.

The Young Stethoscopist, or the Students' Aid to Auscultation. By HENRY S. BOWDITCH, M.D., one of the Physicians to the Mass. Gen. Hospital. Second Edition. New York: S. S. & W. Wood, 1848. (From the Publishers—for sale by Joseph Keene, Jr., Chicago.)

This is a convenient little volume, and the call for a second edition seems conclusive of its meeting with favor at the hands of the profession. The subject of which it treats is one too much neglected by the profession generally, as auscultation both mediate and direct, furnishes, when rightly

understood, one of the most important and clear means of detecting disease. The author has faithfully laid down the principles that should govern in its application, which will afford a correct guide to practice the only means of acquiring the tact and discrimination of sounds necessary to render it useful. [E.

ARTICLE V.

Principles and Practice of Surgery. By the late GEO. McCLELLAN, M.D., Edited by his son JOHN B. McCLELLAN, M.D. Philadelphia: Grigg, Elliott, & Co., 1848. pp. 432, octavo. (From the Publishers—for sale by Morrison & Talbott, Indianapolis.)

This is a handsome volume, got up in the very best style, and, as was expected, proves to be a very valuable, though a brief book. The "Principles and Practice of Surgery," comprised, index and all, within four hundred and thirty two pages, makes a very striking contrast with the ponderous works of Velpeau and Chelius, the American edition, of the former of these making 3005, and of the latter 2107 pages.

The work, however, is confessedly incomplete; but the Editor proposes, at some future period, as nearly as possible, to carry out the original design of his illustrious father in its completion, by adding to it a second volume. [E.

ARTICLE VI.

The Obstetrical Remembrancer, or Denman's Aphorisms on Natural and Difficult Parturition; the application of instruments, &c. Augmented by MICHAEL RYAN, M.D. First American from the ninth London edition, with additions by THOMAS F. COCK, M.D., Visiting Physician to the New York Lying-in Asylum. 18mo. pp. 264. New York: S. S. & W. Wood, 1848. (From the Publishers—for sale by Joseph Keene, Jr., Chicago.)

A concise collection of the most important facts in relation to obstetrics, and rules for the direction of the practitioner is here presented to the profession. The name of Denman, may give the idea of old and obsolete notions; but an examination of the work, will show that it is erroneous. An examination of the medical fathers occasionally, is not only interesting and instructing, but serves to remind us that most of the truths we have are not of modern discovery. [E.

Part 4.—Selections.

ARTICLE I.

A new Method of rapidly uniting Wounds by first intention. By S. L. Biglow.

It is well known that common cotton, subjected for a certain length of time to the action of nitric and sulphuric acids, combined in stated portions, is so changed in its intimate structure as to acquire an explosive property.

Professor Schoenbein originally demonstrated this discovery, and ascertained the fact that prepared in a certain manner, this cotton is capable of solution in sulphuric ether.* It is known in the community by a name acquired from its explosive quality—*gun* cotton. I learned the manner of preparing this cotton, and of dissolving it in ether, from Dr. Chas. T. Jackson, who remarked upon it and exhibited specimens before the Natural History Society, in Dec. 1846, or Jan. 1847. He enumerated various uses to which it might be applied—among others, for a brilliant varnish. For this use I soon after prepared a bottle, according to his directions. While engaged in employing it in this way, I accidentally smeared with it a fresh wound on my finger. The smarting called my attention to it, and I endeavored immediately to rub it off. It had dried, however, instantaneously, and remained on. The pain very soon ceased, and when the film was removed, perfect union had taken place. Since this time I have been testing the efficacy of this preparation, as opportunities have occurred, as a dressing for wounds, especially those which it is desirable to unite rapidly, by first intention. It will be seen to possess, very eminently, all the requirements for producing such a union.

1st. By its powerful contraction, upon evaporation, it places the edges of an incised wound in much more intimate contact than is obtained by sutures and adhesive cloth—unites them by equal pressure, throughout the whole extent of the wound, and maintains them immovably fixed.

2d. It preserves the wound perfectly from contact with the air—being impermeable to the atmosphere, while its adhesion

* It has been shown to be soluble in chloroform.

to the skin, is so intimate as to preclude the possibility of the air entering beneath its edges.

3d. The substance remaing in contact with the skin and wound, after the evaporation of the ether, seems to be entirely inert, so far as any irritating property is concerned, and this can hardly be said of any resinous adhesive cloth or preparation.

4th. It does away with the necessity for sutures in incised wounds of almost any extent.

5th. It is sure to remain in intimate contact with the skin until union is complete — and being quite impervious to water, and presenting a polished surface, it allows the surrounding parts to be washed, without regard to the wound or dressing.

6th. It is colorless and transparent, thus permitting the surgeon to witness all that goes on beneath, without involving the necessity for its removal.

7th. No heat is necessary for its application, and the presence of any moderate degree of cold is only objectionable, in retarding the evaporation of the ether.

It is not incised wounds alone, which are amenable to its use, though the mode of its application to a stump, or an ulcer, or any wound involving an extensive loss of skin, must be modified.

It is of the first importance that this preparation be properly made and applied. The process for the application is very simple.

For straight incisions of *whatever length*, provided the edges can be brought together without great difficulty, it is better to apply the solution in immediate contact with the skin — as follows: The bleeding should be arrested, and the skin thoroughly dried. If the lips of the wound are themselves in contact, the surgeon has only to apply a coating of the solution lengthwise, over the approximated edges, by means of a camel's hair pencil, leaving it untouched after the brush has once passed over it till it is dry, during, perhaps, ten or twenty seconds. This first film will, of itself, have confined the edges together; but in order to increase the firmness of the support, more must then be applied in the same manner, allowing it to extend on either side of the incision, a half an inch or more. If, however, the wound gapes, an assistant is required to bring the edges in contact, and retain them so whilst the application is made. If the incision is so long that the assistant cannot place the edges in apposition throughout the whole extent, begin by covering a small portion at the upper end, and apply the solution

to the lower parts as fast as it becomes dry.* In this case, something more than the film which is adherent to the skin, will be necessary for a safe and proper support to the wound, which may have a tendency to separate. The transparency of the dressing may be maintained by adapting a piece of gold-beater's skin, or oiled silk, to the wound. This should be covered with the solution, and the membrane applied after the coating is on and already contracted. A dossil of lint, or a strip of cloth, or even a strip of tissue paper, which is thus rendered tough and water-proof, will answer the same purpose, though not transparent. Where there is much separation, it is better to fortify the wound in this way at once, and as fast as the first coating is applied and dried.

In dressing the wound left by the removal of the breast, the preparation may be applied in the same way. If, however, adhesion by first intention, be not desired, the gum may be painted on in transverse strips, like adhesive cloth, letting the first strip dry and giving it the gold-beater's skin support before the second is applied. Thus room is left for the escape of pus, and the exposed portion may be watched without removing the strips.

As a dressing after the operation for hare-lip, or cancer of the lip, where union by first intention and a narrow linear cicatrix are so desirable, this answers particularly well. The use of one or two sutures to the mucous surface, is not obviated, as the solution will not adhere to the moist ephithlium, or to a surface secreting mucus, with sufficient certainty. But this does not interfere at all with the satisfactory result upon the cuticle, as the skin will be probably united before the necessity for removing the sutures arrives.

In operations for the restoration of parts, as, for instance, the nose, where union by first intention is important, we have had no opportunity to see it applied, but from analogy, do not doubt that it would succeed perfectly, as it fulfils so entirely, many of the requirements for such union. The same of all plastic operations; and a drop placed upon a small cut, or the puncture of a sub-cutaneous operation, seals them hermetrically.

In dressing an ulcer, where there is, of course, a loss of soft parts, it is better to apply it through the intervention of some medium. Let a strip of cloth or gold-beater's skin be cut of sufficient length, then let the two ends be covered

* Having made a dog insensible with ether, I made an incision down the back, where the hair had been removed by an old scald six or eight inches in length, and dressed it alone with the preparation, without a suture. The union was perfect the whole extent, in about thirty hours, even in the old cicatrix.

thickly, an inch or more, with the solution. Apply this strip, like a strip of adhesive cloth, so that the middle of the cloth, where there is none of the solution, shall come over the ulcer. After all the strips are applied, the air may be excluded by painting the cloth upon the outside over the ulcer with the solution. The same contraction goes on in drying, and so approximates the edges of the ulcer, and gives it firm support.

These are a few points which may serve to illustrate the general plan of the application of the adhesive gum to wounds — it must be left to the surgeon, to make special investigation, as particular cases may demand.

To anticipate an obvious objection; the momentary pain arising from the direct application of the ether, to an incised surface, may be in a great measure prevented by the intimate apposition of the edges of the wound. Again, this stimulus is brief, and probably more than counteracted by the refrigerating influence of the evaporating ether. There are, undoubtedly, cases when such a stimilus would prove beneficial. It is even possible that the rapidity of the union which takes place under a coating of this gum, may be due, in part, to the influence of this stimulus.

I will allude, in a few words, to some of the surgical uses of the solution of gun cotton, unconnected with the dressing of wounds. It may probably be applied instead of starch to a bandage enveloping a limb. Here, again, its power of contraction is a desideratum, as a snug casing is generally desired, and the force is exerted equally. Perhaps the limb may be immersed in the solution without the intervention of the bandage. Several coatings will here be required. Its use as a means of rendering pasteboard splints impervious to water, has been suggested to me by Dr. H. J. Bigelow; and a hundred other applications may be made of it at the bedside, by the surgeon who knows its nature and qualities. The pathologist, with his abrasions thus protected, may enter the inflamed peritoneal cavity with impunity, or examine fearlessly the products of inoculable lesions. In dissection, hang-nails, sores, or abrasions of any kind, will be thus fully protected.

ARTICLE. II.

On Chloroform. By Professors Simpson and Meigs.

We have been favored by Professor Meigs with the following letter from Dr. Simpson, and his reply .A correspondence between these two eminent teachers of obstetrics on the use of this new agent in the practice of midwifery, will be read with deep interest:

Edinburgh, January 23d, 1848.

Dear Sir:—By private letters from America, brought by the last steamer, I hear that in most of the cities of the Union, your chemists had failed in preparing proper chloroform; and that, consequently, most experiments tried with it, had been unsuccessful. In Great Britain and on the Continent of Europe, chloroform has everywhere entirely, or nearly entirely, superceded the use of sulphuric ether, as an anæsthetic agent. The want of success which has attended its employment in America, is perhaps, owing in a great measure to an error of my own, viz: to my not stating in my original account of it, the proper method of purifying it. This and other omissions were owing to the haste with which my first paper was drawn up.

I will feel, therefore, deeply obliged by your taking any measure that you may deem fit, to circulate amongst American medical men, the formula which I inclose for the preparation of chloroform. It is the formula used by Messrs. Duncan and Flockhart, our Edinburgh druggists, who have already manufactured enormous quantities of it. They always now are able to produce it as heavy as 1500 in specific gravity. Their first distillation of it is made in two large wooden barrels, with a third similar barrel as a receiver. They throw hot steam into the two first barrels, which serves to afford both sufficient heat and water for the process. They employ sixty pounds of chloride of lime at each distillation, and have been able to manufacture three hundred ounces of chloroform a day. Each ounce of the chloride yields, in the long run, about half an ounce of chloroform: consequently, to obtain three hundred ounces, (as above) about six hundred ounces of bleaching powder are required. At first they could only make ten or twenty ounces per diem, then they rose to sixty, and latterly, enlarging their barrels, they can make, as I have said, three hundred ounces in twenty-four hours.

Various other chemical houses in Edinburgh, Liverpool, Glasgow, York, London, &c., are busy manufacturing it, in great quantities. They keep their formulas as secrets. But none of them make so good an article as Duncan & Flockhart, whose formula I append.

The statements which I have already made, may show you to what an extent the chloroform is used in this country; and our chemists tell me that the demand for it steadily increases with them.

In *Surgery*, its use is quite general, for operations, painful diagnosis, &c. My friend, Dr. Andrew Wood, has just been telling me of a beautiful application of it. A boy fell from a height, and severely injured his thigh. It was so painful that he shrieked when Dr. Wood tried to handle the limb; and would not allow of a proper examination. Dr. Wood immediately chloroformed him—at once ascertained that the femur was fractured—kept him anæsthetic till he sent for his splints—and did not allow his patient to awake till his limb was all properly set, bandaged, and adjusted.

In *Medicine*, its effects are being extensively tried as an anodyne, an anæsthetic, a diffusible stimulant, &c. Its antispasmodic powers in colic, asthma, &c., are everywhere recognized.

In *Midwifery*, most or all of my brethren in Edinburgh employ it constantly. The ladies themselves, insist on not being doomed to suffer, when suffering is so totally unnecessary. In London, Dublin, &c., it every day gains converts to its obstetric employment, and I have no doubt that those who most bitterly oppose it now, will be yet, in ten or twenty years hence, amazed at their own professional cruelty. They allow their medical prejudices to smother and over-rule the common dictates of their profession, and humanity.

No accidents have as yet happened under its use, though several hundred thousand must have already been under the influence of chloroform. Its use here has been a common amusement in drawing-room parties, for the last two or three months.

I never now apply it with any thing but a silk handkerchief. In surgical cases and operations, the quantity given is not in general measured. We all judge more by the *effects* than the *quantity*. Generally, I believe, we pour two or three drachms on the handkerchief at once, and more in *a minute*, if no sufficient effect is produced, and we stop when sonorous respiration begins. Not unfrequently spasms, rigidity, &c., come on, but they disappear as the effect increases, and none of us care for them any more than for hysteric symp-

toms; nor do they leave any bad effects. But the mere *appearance* of them is enough to terrify a beginner.

I shall be glad to hear how the cause of anæsthesia gets on among you, and I remain, with great respect,

Very faithfully yours,

J. Y. Simpson,

To Professor Meigs.

The following is the formula for Chloroform, communicated by Professor Simpson:

Take of Chloride of Lime in powder.		4 pounds.
Water,	- - - -	12 "
Rectified Spirit,	- - -	12 fluidounces.

"Dumas."

The chloride of lime and water being first well mixed together, the spirit is added. Heat is then applied to the still, (which ought not to be more than a third full) but as soon as the upper part of the still becomes warm, the heat is withdrawn and the action allowed to go on of itself. In a short time the distillation commences, and whenever it begins to go on slowly, the heat is again applied. The fluid which passes over separates into two layers, the lower of which is Chloroform. This, after having been separated from the weak spirit forming the upper layer, is purified by being mixed with half its measure of strong sulphuric acid, added gradually. The mixture, when cool, is poured into a leaden retort, and distilled from as much carbonate of baryta by weight, as there is of sulphuric acid by measure. The product should be allowed to stand over quicklime for a day or two, and repeatedly shaken and then redistilled from the lime.

Dr. Meigs' Reply to Professor Simpson's Letter.

Philadelphia, Feb. 18th, 1848.

Dear Sir:—I have to acknowledge the favor of your letter of Jan. 23d, which I received yesterday.

The chemists in this country have produced very perfect chloroform, of the specific gravity of 1450, as I am informed, and which is much employed in dentistry operations, and to a considerable extent also in surgery.

I presume you will, ere this date, have received copies of Prof. Warren's pamphlet on "Etherization," which may inform you, very fully, as to the use of the anæsthetic agent in the Massachusetts General Hospital and in Boston. That eminent gentleman is more reserved as to the obstetric employment of the agent; much more so, I understand, than either Dr. Channing, Dr. Homans, and other practitioners, who make use of it very commonly.

In New York, as I learn, the surgical application of chloroform is common, while its obstetrical use has not as yet acquired a general vogue.

In Philadelphia, we have the Pennsylvania Hospital, with more than two hundred beds. A very considerable amount of surgical practice, which renders that house a favourite clinical study for medical students in the United States, has not, as yet, furnished a single example of the exhibition of chloroform or ether as anæsthetic agents. The Surgical staff of the Institution have not become convinced of the propriety of such a recourse in the operations performed there.

In the Jefferson College, to which I am attached, as Professor of Midwifery, etc., there is a medical and surgical clinic held on Wednesday and Saturday of each week. The resort of surgical cases there is very great, and a clinical day rarely passes without some surgical operations before the classes. The clinical professors, (in surgery) Drs. Mutter and Pancoast, almost invariably employ the choroform, and the successful exhibition of the article has entirely confirmed them in their opinion of its great value. Some of the operations have been of the gravest character, and no serious event has occurred to check the career of the remedy.

As to its employment in Midwifery here, notwithstanding a few cases have been mentioned and reported, I think it has not yet begun to find favor with accoucheurs.

I have not exhibited it in any case; nor do I, at present, know of any intention in that way, entertained by the leading practitioners of obstetrical medicine and surgery, in this city. I have not yielded to several solicitations as to its exhibition addressed to me by my patients in labor.

As to the extension of the anæsthesia in the Southern and Western States, I am not at present enabled to give you information. I believe the practice is slowly gaining converts, and that it will become more and more common ere long.

You may, perhaps, feel surprised at this admission on my part, seeing that I am still a recusant; and I ought therefore to be allowed to explain myself, lest I should continue to appear unreasonable in your eyes.

Having carefully read the *Comptes Rendus* of the Royal Academy of Medicine of Paris, which contained full Reports of the copious discussion on the question of the Letheon, a few months since, and having also seen the English and American Reports in the Journals, and particularly having read your own pamphlet of "Remarks," &c., I may not properly be accused of ignorance of the power, effects, or motives, in relation to chloroformization in surgery or obstetricy. The copy of your own pamphlet, for which I now beg leave to thank you, would necessarily have put me *au niveau* on the subject.

Not being myself engaged in the practice of surgery, proper, I prefer to avoid any expression of opinion as to the propriety of the practice; and I do this upon the principle, *suum cuique tribuito*. It would be impertinence in me, were I to interfere with the conduct of the surgeons.

But, in midwifery, to which a long and extensive practice has enured me, and rendered me a familiar, dispassionate witness of its various forms and phenomena, I am less liable to misconceptions. And here allow me to say, I have been accustomed to look upon the sensation of pain in labor as a physiological relative of the power of force; and notwithstanding I have seen so many women in the throes of labor, I have always regarded a labor-pain as a most desirable, salutary, and conservative manifestation of life-force. I have found that women, provided they were sustained by cheering counsel and promises, and carefully freed from the distressing element of terror, could in general be made to endure without great complaint, those labor-pains which the friends of the anæsthesia desire so earnestly to abolish and nullify for all the fair daughters of Eve.

Perhaps, dear sir, I *am* cruel in taking so dispassionate a view of the case; and it is even possible that I may make one of the number of those "amazed" converts of whom you speak in your worthy letter to me. But, for the present, regarding the pain of a Natural labor as a state not, by *all* possible means and always, to be eschewed and obviated, I cannot bring myself to the conviction, that of the two, whether labor-pain or insensibility, insensibility is to be preferred.

If I could believe that *chloroformal* insensibility is sleep indeed, the most considerable of my objections would vanish. Chloroform is not a soporific; and I see in the anæsthesia it superinduces a state of the nervous system in no wise differing from the anæsthetic results of alcoholic potations, save in the suddenness and transitiveness of its influence.

I freely admit, for I know it, that many thousands of per-

sons are daily subjected to its power. Yet I feel that no law of succession of its action on the several distinct parts of the brain has been or can be hereafter ascertained, seeing that the succession is contingent. Many grave objections would perhaps vanish, could the law of the succession of influences on the parts of the brain be clearly made out and its provisions ensured. There are, indubitably, certain cases in which the intellectual hemispheres are totally hepatized and deprived of power by it, while the co-ordinating lobes remain perfectly unaffected. In others, the motor cords of the cerebro-spinal nerves are deprived of power, whilst the sensitive cords enjoy a full activity, and vice versa.

In some instances, the seeing brain enables the patient to look upon the application of a cautery that he does not feel while it sears him, or of a bistoury, whose edge gives him no pain. In others, the influence of the agent upon the sources of the pneumogastric and phrenic nerves is dangerously, or at least alarmingly, made manifest by modificatious of the respiratory force. It appears to me, therefore, quite certain that there is known no law of succession of the ether-influences, on the several parts of the brain. It is known that the continued inspiration of the vapour brings at last the medulla oblongata fully under its anæsthetic power, and the consequent cessation of respiration, which determines the cessaion of the oxygenation of the blood, and thereby of the brain, is dead. M. Flourens' experiments, and others, especially those of the younger Mr. Wakely, of the Lancet, prove very conclusively that the inspiration of ether or chloroform, continued but a little longer than the period required for hepatizing the hemispheres, the cerebellum, the tubercula quadrigemina and the cord, overthrows the medulla oblongata, and produces thereby sudden death. I fully believe with Mr. Flourens, that the medulla oblongata is the *nœud vital*, and that though later brought under the power ol chloroformization, it is always reducible under it. Hence I fear that in all cases of chloroformal anæsthesia, there remains but one irrevocable step more to the grave.

I readily hear, before your voice can reach me across the Atlantic, the triumphant reply that an hundred thousand have taken it *without accident!* I am a witness that it is attended with alarming accidents, however rarely. But should I exhibit the remedy for pain to a thousand patients in labor, merely to prevent the physiological pain, and for no other motive—and I should in consequence destroy the only one of them, I sho feel disposed to clothe me in sack clothe, and cast ashes on my head for the remainder of my days. What sufficient motive have I to risk the life or the death of one in

a thousand, in a questionable attempt to abrogate one of the general conditions of man?

As to the uses of chloroform in the medical or therapeutical treatment of pain, the question changes. There is no reasonable therapia of health. Hygienical processes are good and valid. The sick need a physician, not they that are well. To be in natural labor, is the culminating point of the female somatic forces. There is, in natural labor no element of disease—and therefore, the good old writers have said nothing truer nor wiser than their old saying, that "*a meddlesome midwifery is bad.*" Is chloroform meddlesome?

Your countryman, old Thomas Rainold, in "Woman's Booke, or The byrthe of Mankynde," at fol. LIII. says, "Very many be the perilles, daungers, and thronges, which chaunce to woman in theyr labour." These are the cases requiring our therapeutical and chirurgical intervention. You will, my dear sir, think me a hopeless recusant, if I decline the anæsthesia here also. I pray you, therefore, allow me to state my reasons for such recusancy.

If I were amputating a limb, or extirpating a tumor, I should see all the steps of my incisions, ligations, &c. But if I apply my forceps in a right occipito-posterior, (fourth of Baudeloque) I know I thrust the blade of the male branch, far upwards betwixt the face of the child and the upper third of the vagina, which, in this case, is already greatly expanded, and that the extremity of the blade is separated from the peritoneum, only by the mucous and condensed cellular coat of the tube. Now, no man can *absolutely* know the precise degree of inclination his patient will give to the plane of her superior straight, while in pain; an inclination to be modified by every movement of her body and limbs. Under such absolute uncertainty, the best guide of the accoucheur is the reply of the patient to his interrogatory, "Does it hurt you?" The patient's reply, "Yes and no," are worth a thousand dogmas and precepts, as to planes and axes, and curves of Carus. I cannot, therefore, deem myself justified in casting away my safest and most trust-worthy diagnosis, for the questionable equivalent of ten minutes exemption from a pain, which, even in this case, is a physiological pain.

Having thus, in my own defence, and not as attacking your opinion, set forth the motives that have hitherto served to restrain me from the administration of chloroform, I desist from giving you any further trouble in this line of thought. I have, sir, a far more pleasing duty to perform, in saying that your name is as well known, perhaps, in America as in your native land, and to congratulate you on the extension of your fame. I had the pleasure to read your interesting letter to

my class, consisting of several hundred young gentleman, who listened to your words with the same respect, as they would have paid to you, had they been pronounced by your own lips. They will disperse themselves in a few days hence, over all the States in the Union, and thus will have it in their power to report the latest dates of your opinions as to chloroform. I shall also allow it to be published on the first proximo, in a medical journal of extensive circulation. You will herein perceive the readiness with which I assist in disseminating your views. It is not without regret that I find myself opposed to your opinions in the case. That difference ought not, however, in the least degree to affect those sentiments of respectful consideration and real esteem with which I am, dear sir, very faithfully, your obedient servant,

CH. D. MEIGS.

Professor Simpson, &c.

[*Medical Examiner.*

ARTICLE III.

Interesting Cases by JAMES BLAKE, M.D., Professor of Anatomy in the St. Louis University — *Abnormal distribution of the Thyroid Arteries.*

The following case of abnormal distribution of the thyroid arteries, is, I think, of sufficient interest to render it worthy of the attention of the profession; as, in the subject in which it occurred, neither in the operation of tracheotomy or laryngotomy could have been performed without great danger of sacrificing the life of the individual. The subject in which it occurred was a male about forty years of age, brought into the dissecting room of the St. Louis University during the past session. The first anomaly that presented itself on dissecting the arteries going to the head and neck, was of a considerable artery about the size of a quill, arising from the anterior and superior of the innomminata, passing upwards and crossing the trachea about three-quarters of an inch above the sternum. After proceeding about two lines beyond the mesial line, it again turned to the right and crossed the mesial line about a quarter of an inch before the isthmus of the thyroid body, and proceeded to divide into branches along its lower edge on the right side.

On dissecting the superior thyroid arteries, it was found that the artery of the right side was subject to an abnormal distribution, perhaps more dangerous to the operator than was the artery coming from the innominata; for whilst the latter has been noticed as not of very unfrequent occurrence, this abnormal distribution of the superior thyroid must, I think, be extremely rare, as I see no notice of it in those anatomical and surgical works which I have referred to. The artery arose from the external carotid, at the place where it is generally found; but here it was seen to be much larger than usual; it proceeded downwards to the upper and outer angle of the thyroid body, but instead of dividing into its terminal branches, as it generally does, it turned forwards to the left, running along the upper edge of the cricoid cartilage, or between it and the thyroid cartilage, and lying on the crico-thyroid muscle; it continued this course until it passed rather beyond the mesial line, crossing the crico-thyroid ligament. During its course, it sent branches downwards to the upper edge of the right side of the thyroid boby, and the isthmus and its terminal branches were distributed to the left lake of the thyroid body. The artery where it crossed the crico-thyroid ligament was as large as a crow quill; there was no large anastomiotic branch uniting with the superior thyroid artery of the opposite side, which was rather smaller than natural. The inferior thyroid arteries were natural, but that of the right side rather larger. The thyroid body was rather above the natural size, and somewhat more dense in its structure, and less red than is generally found—the isthmus was broad, extending as far as the lower edge of the cricoid cartilage. From the above description it is evident that neither the operation of tracheatomy or laryngotomy could have been performed in this subject without incurring the greatest risk of wounding an artery, the bleeding from which might under the circumstances, even had led to a fatal result.

Case of Entozoa in the heart.—On opening the heart of a dog which had been the subject of a physiological experiment, the right auricle was found to contain a number of entozoa, between twenty or thirty, they were situated principally in the auriclar appendage, forming an intricate mass. The worms appeared to be a species of ascaris, they were smaller in character than the ascaris lumbricoides, and varied in length from four to eight inches—they were so completely twisted one with the other, as to form an intricate mass, which more than filled the anicular appendage. The animal did not appear to have at all suffered from the presence of these parasites, for it seemed perfectly healthy. The occurrence of entozoa in the heart has, I find, been noticed by two or three

writers, but it would appear that their occurrence is extremely rare. Besides the interesting question, as to how these animals would find their way into their extraordinary habitation, another still more serious appears to me to be, how they became enveloped in a part which is constantly being washed out as it were by the blood, and from which, it would seem, that they must be expelled, as each contraction of the ventricle propelled forwards the fluid in which they existed. I regret that in consequence of the preparation having been destroyed by the rats, I was unable to examine it as minutely as I could have wished.—*St. Louis Med. and Surg. Jour.*

ARTICLE IV.

On the Theory of Spasmo-paralysis in Infants and Adults. By MARSHALL HALL, M.D., F.R.S., &c., London.

Paralysis may depend on the exclusion of the influence either of the cerebrum; or the spinal marrow—that is, of both cerebrum and spinal marrow. Spasm can only arise from irritation of some part of the *spinal* system; but this irritation may effect the incident excitor nerves, the spinal centre, or the muscular nerves. Spasmo-paralysis is a term which I have adopted to express the varied combinations of spasm and paralysis, which occur so frequently in practice.

How shall we find our way through this labyrinth?

It may, indeed, be said that the diseases of the nervous system constitute one-third part of medicine, and that their accurate diagnosis was impossible, previous to the distinction of the three divisions of that system from each other. Now, this distinction depended, in its turn, on the detection and separation of one of these—the reflex spinal system—from the other two—viz.: the cerebral and ganglionic; and this again, in *its* turn, affords the diagnostic of the diseases of the entire nervous system.

Such is the important practical object to which I wish to devote myself, while I leave the mean and ignoble caviller at the threshold of this true temple of medical science.

Infants are often born with distortion of the foot or feet, and during growth a paralytic weakness and atrophy are conjoined with the spasmodic action of the deforming muscle. A similar effect is sometimes seen to take place during infancy. I have once seen a case in an adult in which

the tendo Achillis became so drawn that the patient could no longer put the heel to the ground. In some cases of hemiplegia, spasmodic contraction of the hand and arm accompanies the paralytic attack. In other cases, a spasmodic contraction of the hand gradually takes place more remotely after the attack. I have seen various cases of paralysis, or spasm, distinctly, and of the two either variously combined or following each other. Now what is the just rationale—what the theory of these spasmo-paralytic cases?

These questions could not be answered before the appearance of the remarkable work of M. Flourens, or before the detection of the reflex spinal system. The due limitation of the excitor and *in*-excitor portions of the nervous system, which we owe to M. Flourens, and the just appreciation of the incident and reflex forms of action, of their excito-motor powers, which has flowed from my own investigations, are the essential preliminaries to an investigation of the theory of spasm, of paralysis, and of spasmo-paralysis. To this very day I observe these things confounded together, and that even by teachers of our pupils and critics of our literature.

Intra-uterine Spasmo-paralysis.

How interesting and how valuable would be a series of accurate cases and post-mortem examinations of the various congential spasmodic and spasmo-paralytic affections! of cheirismus, and especially of podrismus, in the varied forms, or rather deformities, of club-foot.

Is the cause of this calamity always of centric origin? or is it sometimes the reflex action of external cold, injury, &c?

The class of intra-uterine diseases still requires renewed investigation, and no part of it more than affections of the nervous system.

Effusion over the hemispheres, and at the base of the encephalon, and along the spinal canal, is too frequently the cause of irritation—pressure or counter-pressure—on the spinal system, that division of the nervous system endowed with the excito-motor power. This irritation is the source of various congenital, convulsive or spasmodic affections; it may be the cause of strabismus, laryngismus, &c., of the various distortions of the hands, and especially of the feet. In the case of two brothers, similarly affected, the tendo Achillis was permanently contracted with spasmo-paralysis of both legs; on the death of one, aged twelve, effusion on the cerebral hemispheres, at the base of the brain, and along the spinal canal, was found in considerable quantity; the

arachnoid was thickened, and, over the lateral portion of one hemisphere, converted into a thin layer of bone.

Of Spasmo-paralysis in Infants and Children.

Spasmo-paralysis in infants and children, is of centric and of ex-centric origin—the prognosis of the former being, of course, far more formidable than that of the latter.

Teething, and gastric, and intestinal irritation, and, I *suspect*, exposure of the naked surface to the cold, are the causes of the reflex or ex-centric forms of this malady. From such causes, I have seen hemiplegia of the arm, or of the leg, or of both; and the proof that the affection *was* of reflex origin was a very happy one—viz.: speedy recovery.

The event, however, is not always so fortunate.

Sometimes both legs are affected, and this affection is sometimes more observed in one leg than in the other; sometimes the spasm, sometimes the paralysis, predominates; and sometimes one leg is affected with paralysis, whilst the other is affected with spasmo-paralysis.

Spasmo-paralysis in the Adult.

But of all the cases which have come under my observation, none has been more replete with interest and anxiety, than the spasmo-paralysis occurring in the adult period of human life.

It is well known that the epileptic convulsion sometimes leaves one arm, one leg, or one side, paralytic or hemiplegic, in a greater or less degree. If the seizures were not to be repeated, I imagine this paralysis would frequently subside, being the effect of shock, and of the common cause or causes of the convulsion and of the hemiplegia, which is, therefore, not permanent. But if the shock be repeated, the paralysis may be permanent, although the convulsion subside.

In one most interesting case, a lady, aged thirty-five, was siezed with violent convulsion of the left side of the face, and of the left arm, the leg being unaffected; when the convulsion ceased, the face and arm were left extremely, if not perfectly paralytic. A degree of amendment took place; but the convulsions returned, occupying the same seats as before, and, on ceasing, again left the face, arm, and hand, absolutely paralytic.

This lady once had phlegmasia dolens after parturition, and this leg again became swollen. But the cause of the attack of convulsions seemed to be discovered in the con-

dition of the intestines; for these convulsions were relieved by purgative medicines, but were excited, if those medicines acted too violently.

From the paralysis left by this serious attack or repetition of attacks, the patient recovered completely—an additional proof that the affection had, like many cases of epileptic seizure, arisen from some cause ex-centric to the encephalon or spinal marrow. And how invaluable is this fact, in reference both to our prognosis and treatment!

Indeed, I may here observe, that spasmo-paralysis is in every respect a disease of less hopeless character than pure paralysis, inasmuch as the irritation of an organ is a less severe affection than its destruction. The diagnosis or detection of the cause is the first great object of the physician, and especially the determination of the question—whether that cause be seated centrically or ex-centrically.

In one case, which occurred in a member of our own profession, after repeated threatenings supposed to be apoplectic, severe spasmo-paralysis supervened, and remained permanent. Bleeding had been resorted to constantly as *the* preventive. It ought, I believe, to have been decided, but not too severe, antacid aperients, with a strict attention to the diet, which should not have been of a mere vegetable, but of a light and digestible character.

There was, I believe, more of the epiletic than of the apoplectic in those threatenings. Is there any physical lesion? Is the case, or was the case, one admitting of recovery? How deeply interesting are all these questions!

It is plain that the new topic—new because now viewed distinctly—of spasmo-paralysis, will assume an important position amongst the objects of the physician's studies.

I have two patients under my care, at this time, with podrismus, occurring at the ages, in one, of twenty-five, in the other, of forty-five. Both are females. In the first, the right foot is drawn upwards and inwards, and so severely as to induce great tenderness and swelling of the outer ankle. Various symptoms of nervous origin are conjoined with this deformity of the foot. In the other, the tendo Achillis in each leg is tense, and the toe only, and not the foot, much less the heel, can be put to the ground. In this case almost every article of food or medicine is rejected by vomiting.

I do not believe that either of these cases is hysteria. There is no other symptom of hysteric character, and the temperament in both patients is staid and sedate.

Conclusion.

From the recent progress of the physiology of the nervous system, we are now enabled to conclude—

1. That *paralysis*, pure paralysis, *may* be an affection either of the cerebrum, the spinal marrow, or the nerves; but

2. That *spasm must* be an affection of some part of the true spinal system; and

3. That spasmo-paralysis must at least involve in it an affection of the true spinal system, either primarily or secondarily.

There is only one exception to this last rule: it is the case of severe hemiplegia, in which, from the mere facts of the severing of the influence of volition, and the normal or physiological action of the spinal marrow—the source at once of the irritability of muscular fibre and of tone—the affected hand frequently becomes spasmodically flexed.

Here I conclude this brief paper. I think I have clearly shown in it, once more, how important, how essential, physiology is to the physician, and pointed out a distinction to be carefully drawn between paralysis, and spasm, and spasmo-paralysis, as at once a guide to our prognosis and our treatment.—*London Lancet.*

ARTICLE V.

(*When is a person dead?*)—*on Restoration to Life after the Cessation of the Vital Functions.* By ROBERT BRANDON, Esq., M.R.C.S., &c., London.

The London Lancet has received for publication, a paper under the above title, and gives the following analysis of it:

"Mr. BRANDON starts by assuming that the electric and nervous fluids are one and the same; nor does he believe that in cases which are to all appearance hopeless we should despair, since the co-application of transfusion and electricity will often achieve what the one or the other singly could not have effected. He then continues:

"'If decomposition be death, then every state short of decomposition must be either a condition between life and death, or life. It is to this state between life and death,

or decomposition, that I apply the name latent; and I say life is latent, and can be recalled when latent, by transfusion and electricity, at any time previous to decomposition, provided the organs necessary for life are sufficiently sound to carry on the vital actions. And since by mere inspection we cannot tell the body which can, and the one which cannot be resuscitated, I think we should, in all cases of suspended animation, from accident or from disease, try to bring back the actions of vital organs, and thus place the body in the best condition we can for its recovery; and we can hope for great success in a majority of cases thought to be beyond the reach of surgery, on the account of the duality of organs and the increased activity in the functions of one-half of an organ when the other half is no longer capable of carrying on its actions.

"'If we can give blood to an animal which wants blood, as in approaching death, by means of transfusion—if we can give nervous power by electricity, which is considered to be identical with the vis nervosa—if we can give respiration to animals or men by means of artificial respiration and heat, which we can procure by artificial means, and through the agency of the established respiratory functions; I say, if we can do all these things in men and animals, we can place a moribund living creature in the situation to carry on the machinery of life; and in doing so, we call often into play the vital spark, the soul and the system of organic life.

"'Life is the *ensemble* of the functions called vital—viz.: respiration, circulation, &c.; animal heat is evolved when life is present. It is not necessary for me to write on the various theories of animal heat; the absence of heat, of the heart's action, and respiration, do not constitute death—for this only is present when putrefaction exist. If decomposition be the only true sign of death, then is every state prior to this, not death, but a condition intermediate between life and death. Life is then impassive, and persons may be, and often are, recovered from this state, which I call a state intermediate between life and death. Should this state be allowed to continue, and nature not effect a reaction, true death, or decomposition, ensues.

"'Look at a piece of sealing-wax; you see no evidence of the presence of electricity, yet is this present, and friction will at once make it evident.

"'The following declaration may startle many, and the idea will doubtless be repudiated, yet as the conviction is strong on my own mind, I will here declare my belief, that every one may be recovered, prior to decomposition, for

a period, or entirely, according to the state of the organs necessary for life, and this recovery may be effected by means of galvanism, to give motion to the heart and other muscles: transfusion to give circulation and nourishment; the hot bath at 110°; friction, and the external and internal use of stimulants, as adjuncts to the treatment. The medical man's duty ends not with the cessation of the heart's action, as many are recovered from this state; nor is man dead or incapable of vitality until decomposition is present, and the advent of this must be prevented by the restoration of vitality. Houses for the reception of the dead, such as those at Frankfort, are much wanted in England, and in all cases, proper means should be used to discover those who may be recoved by the use of the treatment before indicated. Thus, premature burials will be prevented; and many a valuable life saved to society by science, may, perhaps, be the cause of the restoration of others from a state of simulated death.'"

ARTICLE VI.

Asclepias Tuberosa, Butter-fly-Weed, Milk Weed, Pleurisy Root White Root. By T. T. Lockwood, of Buffalo, N. Y.

The greatest care is necessary in collecting and preserving this root. As it is generally known in the country by the common name of Milk Weed, it is necessary to observe that this plant differs from other species of Asclepias in not emitting a juice when wounded. The root should be collected about the first of October, cut in transverse slices, dried in the shade, and, as soon as sufficiently dried, pulverized and bottled. Pleurisy Root equalizes the circulation, produces copious expectoration and free diaphoresis, without inducing as much previous heat and excitement in the system as most other vegetable sudorifics. In the treatment of measles, this root is often of essential service. When the rash is tardy in making its appearance, the cough harsh and dry, attended with pain in the eyes and fore part of the head, the warm decoction of this root may be given with marked good effect. It is decidedly the most valuable medicine I have ever administered to bring out the rash in all eruptive diseases, after the phlogistic state of the system has been properly attended to.

Owing to the intimate relation existing between the mucus

membranes and the cutaneous exhalants, the Pleurisy Root is a most useful remedy in bronchitis, catarrh, and chronic diarrhœa of long standing. This root is especially serviceable in sub-acute and chronic rheumatic affections, when they are attended with a dry and harsh skin. In this complaint the warm decoction may be given alternately with the tincture of colchicum. Opium in any form, has a tendency to produce congestion of the brain, and to lock up the secretions; therefore, the Asclepias is preferable to Dover's Powder in all those low forms of fever, in which there is a tendency to cerebral congestion, and where we wish to promote expectoration. In acute inflammation, of the parenchyma, or of the serious membrane of the lungs, it will not do to rely upon the Pleurisy Root alone, but we should resort at once to active depletion. Asclepias Tuberosa possesses important medicinal properties. The warm decoction acts with as much certainty as a diaphoretic, as jalap does as a cathartic. It is peculiarly applicable to the diseases of children, as it possesses no disagreeable taste, or smell. I have frequently employed the Pleurisy Root in that continued and exhausting diarrhœa to which children are subject during the summer months, and generally with manifest advantage. In the latter complaint, the root should be boiled in fresh milk. Boil three drachms of this root in a quart of fresh milk down to one pint. Half an ounce of this is to be given every two or three hours. It generally excites a copious perspiration.

The White Root is applicable in every disease where diaphoresis and expectoration are to be promoted. The best mode of exhibiting this remedy is in the form of decoction. One ounce of the root may be boiled in three pints of water down to a quart, and given in doses of half a gill every half hour. Dose of the substance ten to fifteen grains.—*Buffalo Medical Journal.*

ARTICLE VII.

On the treatment of Phthisis Pulmonalis by Cod Liver Oil. By Dr. Hughe Bennett.

The effect of the oil in many cases of phthisis, is very striking, and is well seen in hospital and dispensary practice. Individuals presenting emaciation, profuse sweats, constant cough and expectoration, as most prominent symptoms, with

a degree of weakness that prevents their standing alone, after a few weeks' use of it are enabled to get up with ease and walk about, with a visible improvement in their general health, and an increased amount of flesh. The physical signs of the disease may continue unaffected for some time; but if the treatment be continued, the moist gurgling rales are exchanged for dry blowing sonnds, which become more and more persistent, pectoriloquy is merged into bronchophony, the respiration is easier, and a check is evidently given to the ulcerative process, and the formation of purulent matter in the air passages. In this state, patients often feel themselves so well, that they insist on leaving the hospital, or give up their attendance on the dispensary. Dr. Bennett has frequently found it impossible to prevail on such persons to continue the treatment, and the consequence is, that, again returning to their often unhealthy employment and bad diet, and exposed to the other causes favorable to the production of the disease, the distressing symptoms again recur. Several cases, with one or more caverns in the lungs, have, in this manner, returned to the Infirmary from four to seven or eight times during the last six years, and on each occasion have gone out, in their own opinion, perfectly cured.

Notwithstanding the difficulties which have presented themselves in bringing about a complete cure of the disease, Dr. Bennet has succeeded, in several cases, in ascertaining that caverns have completely healed up, every symptom and physical sign indicating their presence, having disappeared, and only slight dulness on percussion, and increased vocal resonance remaining as a proof of the puckering and induration of the pulmonary parenchyma attendant on the cicatrix. He gives two unequivocal cases where it occurred, and alludes to others which he proposes publishing at some future time.

Most cases of phthisis pulmonalis, especially in the advanced stage, are affected with more or less dyspepsia, which renders the stomach irritable, causes total loss of appetite, and is often the cause that prevents nourishment from being taken. In many instances there is no difficulty in employing the oil under these circumstances, but in others it cannot be retained on the stomach. It will then be necessary to calm the irritability of the organ, and the best remedy for this purpose, according to Dr. B.'s experience, is naphtha. It is to the power this substance has of checking vomiting, and thereby allowing nourishment to be retained, that he attributes the advantages which have attended its use in the practice of Dr. J. Hastings, and others. The diet should always be nutritive, without being stimulating; and counter-irritation to the chest, is an excellent auxiliary. This treatment

should be perseveringly persisted in; whilst, to prevent fresh exudations of tubercular matter, an equable temperature is of the highest importance. To equable temperature must be ascribed the advantages of favored localities for phthisis, and with proper precautions it can be very well maintained in this climate.—*Monthly Journal Med. Sciences, in Medical Examiner.*

ARTICLE VIII.

Poisons and their antidotes. From the American Medical Almanac.

Arsenic. *Arsenious Acid. Fowler's Solution. King's Yellow. Sheel's Green.*

Symptoms.—Metalic, austere taste in the mouth, violent burning pains in the region of the stomach, constriction of the pharynx and œsophagus, violent retching and vomiting and tenderness of the epigastrium, the matter vomited greenish or yellowish, often streaked with blood, severe gripings, purgings, and tenesmus, the stools being deep green or black, and horribly offensive; sometimes excoriations of the anus; the urine scant, red, and often bloody; the pulse small, frequent and often intermitting; difficult respirations and cold sweats; countenance collapsed, eys red and sparkling, delirium, death.

Treatment.—If vomiting does not already exist an emetic of sulph. zinc may be exhibited and its effect, promoted by mucilaginous drinks. If sulph. zinc is not at hand, an emetic of mustard may be given. The best antidote is hydrated peroxide of iron, in doses of a table spoonfull or more every five minutes; if the patient cannot swallow, it should be introduced by means of a stomach pump: if this antidote be not at hand, let the common red oxide mixed with water be used as a substitute. If the poison have been taken in the form of Fowler's Solution, copious draughts of lime water may be given. Counter irritants and opium may be used to relieve the pain and spasm. Ploodletting should *not* be employed, unless to allay the subsequent inflammation, or after the stomach has been throroughly evacuated.

Acids. *Sulphuric Acid.*

Symptoms.—Sour, styptic taste in the mouth, burning pain

in the throat, gullet and stomach, increased by swallowing, nausea, vomiting, and horrible fœtor of the breath; matter vomited tinged both by arterial and venous blood, and effervesces if mixed with carbonate of lime; difficult respiration, croupy cough, small, contracted, and feeble pulse.

Treatment.—Dilute largely with milk mixed with the carbonate of potassa, lime, or magnesia. In the absence of these, with soap suds, infusions of wood ashes, white of eggs, milk, or oil. Water should not be allowed, in consequence of the heat generated upon its mixture with sulphuric acids.

Nitric Acid. *Aqua Fortis.*

Symptoms.—Much the same as those of sulphuric acid. If the acid be strong and the dose large, almost immediate death follows; if it be weak, the patient may linger for a considerable time, vomiting at intervals, shreds of membranes which have an almost insupporting fœtor; obstinate constipation; yellow spots upon the skin where the acid has fallen.

Treatment.—Carbonate of magnesia or lime, in water, or any bland fluid; then evacuate the stomach by large draughts of demulcent fluid and treat the secondary symptoms on general principles.

Oxalic Acid. *Salt of Lemons.*

Symptoms.—Burning pain in the stomach, nausea, and severe but ineffectual efforts to vomit, great dilatation of pupils, vertigo, convulsions, death.

Treatment.—Give large quantities of chalk, whiting, or magnesia or its carbonate, made into a cream with water and freely exhibited. In the absence of these antidotes, administer copious draughts of warm water, at the same time promoting vomiting by tickling the throat. Avoid the alkalies, potash and soda or their carbonates, since the salts which they form with oxalic acid are as poisonous as the acid itself.

Muriatic Acid. *Hydrochloric Acid.*

Symptoms.—Same as sulphuric acid. It is said by Orfila, that when muriatic acid is the poison taken, thick white fume of a sharpe penetrating odor, similar to that exhaled by the acid issues from the mouth.

Treatment.—Same as sulphuric acid.

Mercurials. *Corrosive Sublimate.*

Symptoms.—Acrid, metallic, astrigent taste, sensation of fulnesss and burning in the throat, burning pain in the stomach and intestines; nausea, vomiting and purging, often of bloody matter; pulse small, quick and hard; frequent faintings, great prostration, sometimes coma, convulsions and death.

Treatment.—Large quantities of albumen in some form or

other, as white of egg, for instance, must be freely administered; if this cannot be had, wheat flour beaten up with soapsuds may be used. Bleeding is requisite if the pulse be quick and hard; inflammatory symptoms to be treated on general principles.

White Mercury. *White Precipitate.*

Symptoms and Treatment same as corrosive sublimate.

Turbith Mineral. *Sulphate Binoxide of Mercury.*

Symptoms and Treatment same as corrosive sublimate.

Other Mineral Irritants. *Tartar Emetic.*

Symptoms.—Nausea and severe vomiting, hiccough, burning pain in the pit of the stomach, griping and purging, sense of tightness in the throat, small, frequent, and hard pulse, difficult respiration, vertigo, great prostration, insensibility, death.

Treatment.—If vomiting have not occurred, it should be produced by copious draughts of warm water, and tickling the faucus with a feather. Dilute freely with a tepid infusion of galls, Peruvian bark, oak bark, or green tea, to form an insoluble tannate. Powdered yellow bark may be used until the infusion is prepared. Opium is highly useful in allaying the pain and excessive evacuation.

Sulphate of Iron. *Green Vitriol. Copperas.*

Symptoms.—Griping pains in the stomach and abdomen constant vomiting and purging, violent pain in the throat, coldness of skin and feebleness of pulse.

Treatment.—Carbonate of soda or magnesia given freely is the best antidote. Evacuating the stomach by means of emetics of sulph. of zinc, and inflammatory symptoms treated on general principles.

Chloride of Tin. *Spirits of Tin. Dyer's Spirits.*

Symptoms.—The same as those from other irritant poisons, and a peuliar tanned appearance of the villous coat of the stomach.

Treatment.—Milk acts as an antidote to this poison and should be drunk copiously. Vomiting should then be excited.

Sub-acetate of Lead. *Sugar of Lead.*

Symptoms.—A burning, pricking sensation in the throat, with dryness and thirst, irritation of the alimentary canal, spasms, vomiting, and often colic; rigidity of the abdominal muscles, cramp, obstinate constipation, urine diminished, saliva increased. When the case is protracted, paralysis of the upper extremities.

Treatment.—This consists in the free exhibition of solution of the alkaline sulphates, either soda or magnesia. Phosphate of soda is also an antidote. Carbonates should be avoided,

as carbonate of lead is poisonous. If vomiting do not exist, emetics of sulph. of zinc should be given. In the chronic form, or colica pictonum, purgatives, and anodynes are resorted to.

Carbonate of Potash. *Pearl ash. Salt of Tartar.*

Symptoms.—Those common to other irritant poisons. The matter vomited effervesces with acids.

Treatment.—The patient should be made to swallow from time to time, draughts of vinegar and water, lemon juice, or other vegetable acids. The fixed oils are also good antidotes, such as the castor, linseed, olive, and almond; they form a soap by uniting with the alkali and thus destroy its caustic effects.

Nitrate of Silver. *Lunar Caustic.*

Symptoms.—Nearly the same as those produced by corrosive sublimate; the pain and burning in the stomach, however, are more severe.

Treatment.—A strong solution of chloride of sodium or common salt, is the best antidote; it forms an innocuous chloride of silver; then evacuate the stomach by an emetic, and treat the inflammatory symptoms on general principles.

Verdigris. *Sub-acetate of Copper.*

Symptoms.—Very similar to those produced by arsenic; vomiting of a green colored liquid, and diarrhœa are the most prominent symptoms; coppery eructations, and taste in the mouth.

Treatment.—The efforts to vomit should be promoted by the free exhibition of warm warter, milk, or any mucilaginous drink; the chemical antidote for the preparation of the copper is albumen, if not at hand, wheaten flour and water, or milk. Vinegar should not be given; iron filings mixed with water may be given with good effect; very strong coffee with plenty of sugar, also acts as an antidote by decomposing the salt of copper.

Sulphate of Copper. *Blue Vitriol.*

Symptoms.—Violent vomiting of matter remarkable for being of a blue or green color, sometimes containing broken crystals of the blue vitrol; pain in the abdomen and diarrhœa.

Treatment.—Same as for sub-acetate of copper.

Sulphate of Zinc. *White Vitriol.*

Symptoms.—Violent vomiting, astringent taste in the mouth, a sensation of choaking, burning pain in the stomach and lower belly, quickened pulse, paleness and shrinking of the features and coldness of the extremities. Death rarely follows, owing to the prompt emetic action of the poison.

Treatment.—Assist the vomiting by copious draughts of

warm water; carbonate of soda in solution, to decompose the sulph. of zinc. Let the patient drink freely of milk, or albumen, which partially decomposes the poison, and renders it more inert.

Nitrate of Potassa. *Nitre. Saltpetre.* Sometimes taken in mistake for Glaubers' salts.

Symptoms.—Nausea, vomiting and excessive purging, accompanied by bloody stools, and excruciating pain in the bowels; sensation of intense heat in the stomach, dyspnœa, cold extremities, syncope, convulsions, death.

Treatment.—Empty the stomach as rapidly as possible, either by emetics or the stomach pump; then let the patient drink freely of milk, flaxseed tea, or other bland mucilaginous drinks.

Nitrate of Bismuth. *Pearl Powder.*

Symptoms.—Similar to those produced by corrosive sublimate, general inflammation of the whole alimentary canal, vomiting, sensation of great heat in the chest, and difficulty of breathing.

Treatment.—Large draughts of milk, which is coagulated by the poison thus entangling it and enabling it to be expelled from the stomach; to be followed by emetics. Inflammation to be treated on general principles.

Phosphorus.

Symptoms.—Violent pain in the stomach, with a hot garlicky taste in the mouth, vomiting, diarrhœa, great excitement of the arterial and nervous system, convulsions, and death.

Treatment.—Large draughts of water, or any mucilaginous fluid, so as to envelope the phosporous and impede the combustion. An emetic to be properly administered; magnesia may be mixed with the fluid to neutralize the phosphorus and and phosphoric acids which may be formed. Oily and fatty substances should be avoided.

Vegetable Irritants. Hellebore. Conium or Hemlock. Belladonna or Nightshade. Datura Stramonium or Thorn Apple. Aconite or Monkshood.

Symptoms.—The symptoms of these poisons resemble each other so much, that they may be classified under the same head; stupor, numbness, heaviness in the head, nausea, sometimes vomiting, at others the stomach and bowels are so paralyzed, that vomiting can scarcely be produced by the most powerful emetics; a sort of intoxication, pupils dilated, sometimes delirium, redness and tumefaction of the face, convulsions and death. The same results follow when these substances are applied to wounds.

Treatment.—Empty the stomach as rapidly as possible, by

emetics of tartarized antimony, sulphate of zinc or sulphate of copper. Evacuate the bowels by active purgatives and injections, and *follow* these by large doses of vinegar and water and other vegetable acids. After the vomiting, strong coffee proves very efficacious in removing the insensibility. If coma or apoplexy be present, after the evacuation of the stomach, treat it by blood letting, and revellents.

SAVINE. *Oil of Savine.*

Symptoms.—All those of high excitement, with very acute pain in the stomach and bowels; nausea, vomiting, excessive purging and convulsion, and abortion in pregnant women.

Treatment.—Evacuate the stomach by copious dilutions with mucilaginous fluids, and keep down inflammatory symptoms by the lancet and antiphlogistics.

ERGOT. *Secale Cornutum. Spurred Rye.*

Symptoms.—In large dozes, nausea and vomiting, dryness of the throat, great thirst, uneasiness or actual pain in the abdomen, occasionally alvine evacuations, weight and pain in the head, giddiness, stupor and dilatation of the pupils, diminished frequency and fulness of the pulse, paleness and lividity of the face, and when its use is long continued, gangrene. It is frequently given in poisonous doses to produce abortion.

Treatment.—First evacuate the poisons from the alimentary canal, by the use of emetics or purgatives. Chloride water has been recommended to decompose the ergotin, or active principle; in the absence of this, nitro-hydrochloric acid properly diluted might be exhibited. Subsequent treatment on general principles.

CASTOR OIL SEED.

Symptoms.—Vomiting, purging, and griping, of great violence, burning pain in the stomach and bowels, tenderness on pressure, hiccough, faintness, and small, feeble pulse.

Treatment.—Evacuate the stomach by an emetic, and treat the inflammatory symptoms by diluents, anodynes, and antiphlogistics generally.

OPIUM, *and its preparations. Laudanum. Paregoric. Godfrey's Cordial. Dalby's Carminative. McMunn's Elixir. Morphia and its salts.*

Symptoms.—Drowsiness and stupor, followed by delirium, pallid countenance, sighing, deep and stertorous breathing, cold sweats, coma and death.

Treatment.—The stomach pump should be used as soon as possible when the liquid poisons or powdered opium have been taken; when not at hand, give from one to two scruples sulph. of zinc, or five to fifteen grs. sulph. copper; if

these cannot be readily had, a teaspoonful of powdered mustard, or a tablespoonful of common salt, dissolved in a tumbler of water. Emesis should be promoted by tickling the fauces with a feather. In using the stomach pump, it is better to inject astringent infusions, as the infusions of galls, which has the effect of neutralizing the morphia. After the stomach has been evacuated, the cold dash is an effective means of rousing the patient; the subsequent narcotic effect may be obviated, by the administration of the vegetable acids, hot strong coffee, brandy, or ammonia. The patient should also be kept in motion and on no account allowed to sleep. Cupping to the temples is sometimes useful, as well as the warm bath where the drowsiness is very great. As a last resort, artificial respiration is sometimes useful in averting the fatal termination.

CAMPHOR.

Symptoms.—Great excitement of the brain and nervous system, vertego, great anxiety, insensibility, vomiting, small pulse, difficult respiration, cold sweat, and convulsions.

Treatment.—If solid camphor has been used, an emetic should be administered, and wine and opium exhibited at short intervals until the symptoms abate.

HYDROCYANIC ACID. *Prussic acid. Essential oil of almonds. Laurel water.*

Symptoms.—Nausea, giddiness, debility, vertigo, and loss of sight, weight and pain in the head, eructations having the flavor of the acid, dyspnœa, small vibrating pulse, spasms, dilated pupil, convulsions and death.,

Treatment.—There are four principal agents to be relied on in the treatment of poisoning by this acid, viz: *Chlorine, ammonia, cold affusion, and artificial respiration. Chlorine* water may be given in doses of f. ʒ ij. in f. ʒ j. of water, or 30 or 40 drops of the solution of chloride of soda in a little water; the patient should at the same time inhale air impregnated with chlorine gas. *Ammonia* is also an antidote, but it should not be employed in a very concentrated form; it may be administered either by inhalation or in substance. *Cold affusion* being always at hand, may be applied immediately; a stream of cold water should be poured from a height upon the head and spine for some minutes; cold water may also be dashed upon the head and face. *Artificial respiration* should never be omitted. This can be easily effected, by making powerful pressure with both hands on the anterior surface of the chest, the diaphragm being at the same time pushed upward by an assistant, inspiration being effected by the mere removal of the pressure and the consequent resiliency of the ribs.

Carbonic acid Gas. *Fumes of burning charcoal.*

Symptoms.—Same as those of apoplexy, or narcotic poisoning; great drowsiness, difficulty of respiration, and suffocation; features swelled and face bluish, as in cases of strangulation.

Treatment.—Remove the patient at once into the open air, elevate the head, and pour cold water upon it, bleed either by cups to the head, or by opening a vein, apply friction to the thorax, and revellents to the feet. If these means fail, then make use of artificial respiration. Administer stimulants cautiously, as soon as the patient can swallow.

Alcohol. *Brandy, Wine, Spirits, &c.*

Symptoms.—Those of narcotic poisons; insensibility with apoplexy or paralysis. Countenance swollen and of a dark red color, and stertorous respiration. The poison can often be detected by the smell.

Treatment.—If the patient can swallow, administer an emetic of sulphate of zinc or tartar emetic; if not, evacuate the stomach, by means of the stomach pump and apply cold affusions to the head, which should be elevated; if these means fail, blood-letting should be resorted to, either by cups, or by opening a vein, and generally, the jugular, should be selected. Artificial respiration is necessary in some instances.

Article IX.—*Simple mode of preventing Bed-sores.*

The following ingenious method of preventing those dreadful specimens of disease or neglect sometimes presented in even our best regulated institutions, is suggested by Dr. Purefoy, in a former number of the *Dublin Medical Press.* The Doctor may be allowed to describe his practice in his own words:

"Having lately to treat a case of compound fracture of the tibia in an old man, the leg was comfortably placed upon the double inclined plane, and the case went on very favorably for some days, when it was thought that the leg must be placed upon the side, in order to relieve intolerable pain of the heel, and to obviate sloughing of the integuments. In this dilemma, it occurred to me to try to support the heel upon a bladder partially inflated, since pads failed com-

pletely in affording the desired relief. An ox-bladder, previously moistened in tepid water, and afterwards oiled, was placed under the heel in a flaccid state, and subsequently filled gently with air, so as to give the heel the necessary elevation, and promote, as far as might be, the comfort of the patient. The experiment was successful beyond my most sangnine hope, as the air flowed underneath and upwards by the sides of the foot and ankle, thus affording an unusually agreeable and secure support to the foot and instep, at the same time relieving the heel from undue pressure: The old man exclaimed in rapture, 'O, sir, I'm in heaven!' Suffice it to say, that by renewing the bladder once only, the cure was perfected so far at the end of a month, that the patient could leave his bed, and during this time he was completely relieved from the intolerable pain which at first was so very troublesome. I have lately prevented the occurrence of bed-sores by the aid of a bladder placed under the buttocks, and rolled up in a soft napkin, having previously been partially filled with air, although the patient had been for nearly two months lying upon his back, suffering under extensive gangrene, as the result of extravasation of urine."—*London Lancet.*

ARTICLE X.—*Influence of Chloroform on the Blood.*

M. GRUBY, by experiments made on dogs, has arrived at the following results, manifested by the blood when chloroform is inhaled:

1. The arterial blood is more red—at least, as red—where chloroform has been inhaled, than (or as) where it has not.

3. The venous blood in an animal under the influence of chloroform, is more red than non-chloroformized arterial blood, and nearly as scarlet as such blood when penetrated by chloroform.

2. The venous blood becames of a clear red color under the use of chloroform, losing its usual reddish-black tint.

Hence it would appear that chloroform, far from rendering the hue of arterial blood venous, augments the intensity of its red color; and more than this, that it imparts the arterial color to venous blood.

In his experiments, M. Gruby was careful to use an instru-

ment which allowed a due supply of atmospheric air to mix with the vapor of chloroform in inhalation; and to the omission of this precaution he would, in a great measure, attribute the different results which have been obtained by others.

In a note communicated to the Academy by Bouisson, of Montpellier, ether inhalation is looked upon as preferable to that of chloroform in surgery, where an operation is of long duration, since, the author believes, fatal or mischievous consequences are more apt to attend the prolonged administration of chloroform. But where, on the contrary, an operation is short, chloroform, by reason of its prompt action, deserves the preference.

In the discussion on this communication, however, M. Velpeau advanced it as his opinion, that, in the hands of a prudent surgeon, chloroform is to be always preferred.—*London Lancet.*

ARTICLE XI.—*Effect of Ether and Chloroform on Animal Temperature.*

MM. DUMERIL and DEMAQUAY have communicated to the Academy of Sciences a series of experimental researches on the modification of animal temperature produced by ether and chloroform, and on the physiological action of those agents.

They state that the temperature is peculiarly lowered in animals submitted to the influence of the vapor of those intoxicating agents: that this depression is greater from ether. This effect is constant, whether the vapor be introduced into the respiratory passages, or into the rectum. Section of the pneumogastric nerves, almost simultaneously with the application of the inhaler to the mouth, does not modify the results obtained when those nerves are uninjured. The temperature is depressed also, during reaction, consequent on the section of one of the pneumogastric nerves, twenty-four or forty-eight hours before inhalation. The authors further believe that these facts warrant the conclusions, that ether does not act primarily in the manner of an asphyxiating agent, but that the asphyxia induced is but a secondary effect following the penetration of its vapor into the economy; that the phenomena of etherization set

out from the disorder they induce in the central nervous system; that the asphyxia is but consecutive, and if fatal, it is because etherization has lasted so long as to abolish the functions of the medulla oblongata, the last part of the nervous centres acted upon by the agent.

They further state that a loss of sensation, together with a depression of temperature, is brought also by brandy; but that narcotics, instead of lowering animal heat, raise it, save for a very brief period, immediately after their ingestion.

The injection of ether-vapor into the rectum, shows that apart from the disorder of the respiratory function, there is a depression of temperature, which must arise from a special action of the nervous system. If, then, the source of animal heat be in the process of blood-making, and the latter be immediately dependent on the nervous system, the possibility of a modification of temperature by any cause acting primarily upon that system is at once seen.

As a further result of their experiments, MM. Dumeril and Demarquay state that the action of ether and of chloroform is rapidly fatal, since they have seen it destroy dogs in thirty-five or forty-five minutes, and even in less time, with reference to chloroform.—*London Lancet.*

Article XII.—*New Medical Doctrine.*

Isopathy.—A new medical doctrine has appeared on the horizon, and it is Germany again, *alma parens, rerum*, which enriches the world with this benefit. Homœopathy, magnetism, and phrenology, salute their new sister under the harmonious name of Isopathy. Dr. Hermann is the prophet of this doctrine, which is based on the following principle:—Every diseased organ has its remedy in the same organ—thus, if you have a disease of the liver, eat liver; if a headache, eat brain; if you suffer in the bladder or kidneys, nourish yourself on bladder and kidneys; if the testicle be disordered, eat testicle. As the organs may not appear very tempting to certain squeamish persons, Mr. Hermann has made tinctures of them, which his patients take in spoonfuls, under the scientific names of stomachine, cystine, testiculine, unbria, &c. The work published at Augsburgh contains fifty cases of radical cures. Go, young doctrine, increase and prosper—thou wilt doubtless be called to high destinies!—*Medical Gazette, in Med. Examiner.*

Part 5.—Editorial.

ARTICLE I

FIRST ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

As our colleague, Dr. Herrick, was detained in traveling East, so as not to reach there in time to attend the meeting of this association at Baltimore in May, we are unable to furnish our readers with an original account of its doings, and can only give an abstract from the notices published in our exchanges, the fullest of which is in the Medical News.

The Association assembled on Tuesday, the 2d of May The President, Dr. Chapman of Philadelphia, made an appropriate address. The day was spent in examining credentials of delegates, and making other preliminary arrangements. About 200 members were present at the opening; the number was increased by the arrival of others before the close of the session, to 256.

On Wednesday, by adopting the report of a committee of one member from each State represented, the following officers were unanimously elected for the ensuing year:

President—Dr. A. H. Stevens, of New-York.

Vice Presidents—Drs. J. C. Warren, of Mass., Sam.'l Jackson, of Penn., Paul F. Eve, of Ga., and Wm. M. Awl, of Ohio.

Secretaries—Drs. A. Stille, of Phil'a, and H. J. Bowditch, of Boston.

Treasurer—Dr. Isaac Hays, of Phil'a.

The subject of the importation, of adulterated and worthless drugs, occupied a considerable portion of the attention of the Association during the forenoon. Dr. T. O. Edwards, member of Congress from Lancaster, Ohio, was introduced, and delivered an address on the subject. His report to the House of Representatives as chairman of a special committee on the same subject, is noticed on another page of this number of the Journal.

Reports from the standing committee on surgery were

made by Drs. Norris and Parish, and from the committee on obstetrics by Dr. H. Lindsley, all of which were referred to the committee on publication.

The afternoon session raised a committee of one from each State to nominate the standing committees for the present year.

Dr. O. W. Holmes made a report as chairman of the committee on medical literature. It was also referred to the committee on publication.

On the subject of the employment of anæsthetic agents' taken up as a part of the reports on surgery and obstetrics, the convention took no action, but referred it to the appropriate committees.

Thursday morning, some resolutions offered by Dr. Cohen, of Baltimore, complimentary to the medical officers of our army and navy were passed.

The committe previously appointed for the purpose, reported names for standing committees which were appointed. We have room only to enumerate the chairmen—they are as follows:

Committee of Arrangements—Dr. J. Biglow, of Boston.
On Medical Sciences—Dr. L. P. Yandell, of Ky.
On Practice of Medicine—Dr. Codie, of Penn.
On Surgery—Dr. N. R. Smith, of Md.
On Obstetrics—Dr. Wellford, of Va.
On Medical Literature—Dr. J. P. Harrison, of Ohio.
On Medical Education—Dr. F. C. Stewart, of N. Y.
On Publication—Dr. I. Hays, of Phila.

The committee being instructed to recommend a place for the next meeting, proposed Boston; which was agreed to.

Dr. Wellford presented the report of the committee on medical education, with a series of resolutions which, after amendment, were adopted. The first of these is as follows:

Resolved, That this association considers defective and erroneous every system of medical instruction, which does not rest on the basis of practical demonstration, and clinical teaching, and that it is therefore the duty of the medical schools to resort to every honorable means to obtain access for their students to the wards of a well-regulated hospital.

The second recommends trustees to open hospitals to students. The third condemns political influences in selecting physicians to hospitals. The fourth urges the standard of preliminary education, and requisites for graduation, fixed by the meeting in Philadelphia, The fifth requests faculties of medical schools, to make daily or weekly recapitulatory examinations of their lectures, and to adopt means of ascertaining the attendence of students to the close of the term. The sixth recommends that the final examination for the degree be made in presence of official judges of their qualifications, who are not interested pecuniarily. The seventh recommends that students be required to report cases for their inaugural theses, or in addition to them. And the eighth recommends that schools furnish their statistics to the chairman of the committee on medical education annually.

On motion by Dr. J. L. Atlee, the physicians of those States in which no State medical societies exist, were recommended to organize them.

The committee on the communication of the National Institute, in reference to hygiene, reported and recommended the appointment of a committee on hygiene of 12 members, which was agreed to, and the committee appointed, of which Dr. Wynne of Md. is chairman.

Friday morning, Drs. Geo. B. Wood of Phila., Jacob Biglow of Boston, and H. H. McGuire of Winchester, Va., were appointed delegates of the Association to the meetings of the British Association, and the Provincial Med. and Surg. Association.

It was decided that copies of the proceedings be sent to members who pay the assessment of three dollars for defraying expenses. Several propositions to amend the constitution, by rule lie over one year.

After various votes of thanks and instructions to committees and members, the Association adjourned *sine die*.

The meeting was characterized by professional devotion, harmony and good feeling, which we trust by its influence will be speedily diffused through the whole profession. [E.

ARTICLE II.

PEORIA DISTRICT MEDICAL SOCIETY.

The annual meeting of this spirited association, was held in Peoria, on the 6th of June. There were about thirty members present.

The President Dr. F. A. McNeill, delivered the annual address, and Dr. Frye, a lecture on generation. Dr. Colburn made a report on the use of ether in obstetric practice. The officers for the ensuing year were elected, as follows:

President—Dr. E. M. Colburn, of Bloomington.

Vice Presidents—Drs. Thos. Hall, of Toulon, and Alanson Stockwell, of Tremont.

Recording Secretary—Dr. E. Andrew, of Peora.

Corresponding Secretary—Dr. J. Murray, of Peoria.

Treasurer—Dr. Edward Dickinson, of Peoria.

Censors—Drs. Sexton, of Galesburg, Arnold, of Peoria, Wilson, of Metamora, Quigly, of Perkin, and Christy, of Farmington.

Delegates to the American Medical Association, for the meeting on 2d Tuesday of May, 1849—Drs. Joseph C. Frye, Edward Dickinson, and Francis A. McNeill, of Peoria, and H. H. Sexton, of Galesburg.

The code of ethics of the American Medical Association, was adopted. Our friends of this society are fairly organized and under way, and we understand are exerting a most happy influence, in the extensive region of the country over which its members are scattered. From the subjects committed for investigation, we infer that they are at work right, for the advancement of science.

There are five standing committees, they are as follows:

1st. *On Medical Inquiry*—Drs. Murphy, Henry, Hall, McNeill, Wood, and Luce.

2d. *On Medical Statistics*—Drs. Hanneford, Sexton, Cooper, and Golliday.

3d. *On Indigenous Botany*—Drs. J. D. Arnold, Boal, Christy, Van Patten, Stockwell, and Rogers.

4th. *On Library and Museum*—Drs. E. Dickinson, Andrew, and McClure.

5th. *On Natural History, Mineralogy, and Geology*—Drs. N. S. Tucker, Wilson, and Hickman.

Two special committees were appointed.

1st. On the influence of malarious atmosphere, in the prevention and cure of pulmonary diseases—consisting of Dr. J. C. Frye.

2d. On the utility of anæsthetic agents—consisting of Drs. Andrew, Colburn, and Cook.

Six new members were admitted. [E.

ARTICLE III.

IMPORTATION OF ADULTERATED DRUGS AND MEDICINES.

This subject, which our readers are aware has been attracting a great deal of attention for some time, is brought before Congress. Dr. T. O. Edwards of Ohio, chairman of a select committee on the subject, has made an able and full report setting forth the extensive frauds, practised in vending many of the most important articles of the materia medica.

A bill for its prevention has been introduced in the House of Representatives accompanying this report, which we hope will pass in such form as to put a stop to these frauds, from which incalcuable injuries must result to the health and lives of our citizens. We had intended giving an extended notice of the report, but as most of our readers will receive the document from Washington, and our space is limited, we let this suffice. [E.

ARTICLE IV

LIST OF THE GRADUATES OF RUSH MEDICAL COLLEGE FOR 1847–'48, WITH THE TITLE OF INAUGURAL THESES.

Camerer, Daniel M., Illinois—On Inflammation.
Chamberlain, William, Ills.—Morbid appearance of the countenance.
Clarke, Joseph A., Wisconsin—On Fever.
Crawford, Alexander B., Mich.—Qualities essential to the Student and Graduate of Medicine.
Darnall, Milton D., Ills.—The Buffy-coat of the Blood.
Golliday, Uri P., Ills.—On the varied forms of Fever.
Hawley, Reuben S., Mich.—The Physiological Process of Parturition.
Hobbs, James C. H., Ills.—Podophyllum Peltatum.
Hough, Erastus G., Ills.—Disguised forms of Fever.
Huey, George J., Ills.—Intermittent Fever occurring in the U. S. Army in Mexico.
Jones, Ambrose, Wis.—Medical Topography.
Knott, Christopher W., Ills.—On Disease of the Eyes.
Lovejoy, J. Collins, Ind.—Emetics.
Loftin, Sample, Ind.—Ergot.
Mathews, William, Ind.—The vis medicatrix Natural.
Moor Thomas C., Ind.—Relation of Remedial Agents to General and Special Pathological Conditions.
McGirr, John E., Pa.—Counter Irritation.
McNutt, James H., Ind.—Miasmata.
Newton, John P., Ills.—Emetics.
Nutt, John, Ind.—Entozoa.
Otis, Orvin C., Wis.—Symptomatology.
Osborne, J. George, Ind.—Menstruation.
Pearson, Jonathan, Ills.,—Pneumonia.
Reynolds, Albert J., Ills.—Phthisis Pulmonalis,
Sedgwick, Westel W., Ills.—Billious Remittant Fever.
Sweetland, Warren M., Ills.—Hepatitis.
Stone, Reuben R., Ills.—Nature and Designation of the Food of Animals.
Tucker, James P., Ind.—Intermittant Fever.

Ware, Charles, Wis.—Uterine Hemorrhæge as a complication of Labor.
Warner, C. C., Wis.—Counter Irritants and Counter Irritation.
Warren, Luke W., Ills.—Uterine Hemorrhage.
Whole No.—31.

ARTICLE V.

MISCELLANEOUS MEDICAL INTELLIGENCE.

Agreeably to notice given to the Commissioners of the Indiana Hospital for the Insane in October last, Dr. Jno. Evans resigned the office of Superintendent of that Institution, on the first day of July inst., and Dr. R. J. Patterson, for a number of years first assistant physician in the Ohio Lunatic Asylum, was appointed to the place. A portion of the institution will be opened for the reception of patients, about the first of August next.

The thanks of the Provisional Government of France have been tendered the physicians, surgeons, and apothecaries of the Hospitals, for their aid to the wounded during the revolution.

Accounts of the subsidence of the cholera in the East, have been circulated in most of our medical exchanges; but we observe by the newspapers, it is still progressing westward.

Prof. Bouilland has been appointed Dean of the faculty of Paris, in place of the venerable Ofila, removed, by the Provisional Government.

The Medical College of Georgia has extended the term of its course of lectures to five months. The term in this institution was six months for five years, from 1832 to 1837, which gives it the credit of priority in the move in reference to extending the term of lectures in Medical Schools.

Prof. Stromeyer has been appointed successor to Deiffenbach at Berlin.

Mr. Samuel Cooper, author of the Surgical Dictionary, and for 17 years Professor of Surgery in the University College, London, has resigned that chair on account of a difficulty with two of his colleagues.